Saskatchewan Medical Care Insurance Commission

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3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Annual Report For the Year Ending March 31, 1982

ISSN 0080-6544

Minister of Health

Regina, June, 1982

To the Honourable C. Irwin McIntosh,
Lieutenant Governor of Saskatchewan.

May It Please Your Honour:

I beg to present herewith, for your consideration, the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1982.

Respectfully submitted,

Graham Taylor

Graham Taylor,
Minister of Health.

Saskatchewan Medical Care Insurance Commission

Regina, June, 1982

To The Honourable Graham Taylor,
Minister of Health.

Sir:

I am pleased to present herewith the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1982.

Respectfully submitted,

G. C. Patchett,
Chairman.

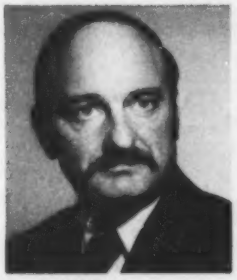
Members of the Commission

March 1982

Mr. G. C. Patchett
Chairman/Executive Director
Regina

Mrs. J. Alexander
Regina
1st Term of Office
ends Aug. 31, 1984

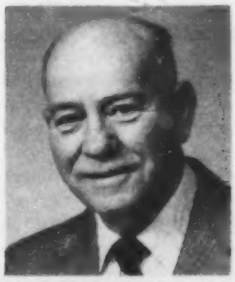
Mr. K. J. Fyke
Regina
Deputy Minister
of Health



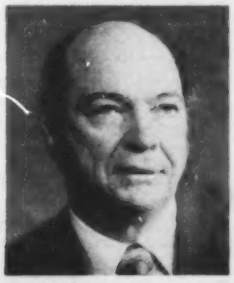
Dr. P. H. Good
Regina
2nd Term of Office
ends Jan. 21, 1983

Mrs. E. Schmeiser
Saskatoon
1st Term of Office
ends Nov. 19, 1982

Mrs. L. Schultz
Moose Jaw
1st Term of Office
ends Aug. 31, 1984



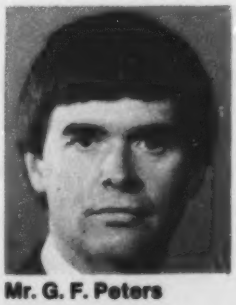
Mr. R. Sedgwick
Saskatoon
1st Term of Office
ends June 29, 1984



Dr. H. G. Smith
Maple Creek
2nd Term of Office
ends June 29, 1984

Dr. C. J. Wright
Saskatoon
1st Term of Office
ends Mar. 23, 1985

Associate Executive Director



Mr. G. F. Peters

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The Plan in Brief

		Page
Comprehensive	Most services by physicians, refractions by optometrists and visit and x-ray services by chiropractors are insured for all eligible residents.	11
Commission Administered	The Commission is appointed by the Government, three commissioners are practising physicians.	8
Simple Eligibility Requirements	New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the Province.	11
No Restrictions Due to Pre-existing Conditions	No matter what previous health problems existed a beneficiary is entitled to all insured services.	—
Free Choice by Patient	A beneficiary may select any physician, optometrist or chiropractor desired.	—
Provider of Service has Free Choice	The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient.	—
Coverage Anywhere in the World without prior Approval of the Plan	Payment is generally made at Saskatchewan rates.	14
Immediate Coverage for Certain Special Residents	Certain special residents qualify for coverage immediately on arrival in Saskatchewan.	11
Authorized Extra Charges	A beneficiary may have to pay the difference between the specialist referred and unreferred rate when not referred for specialist treatment received.	13
Physician has Several Choices of Billing	A physician may bill the Plan directly; bill through an approved agency; or bill the patient who may send the account to the Plan.	13
Financial Support of Plan	The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.	11

1981-82 Highlights

	Page
Total net payments for insured services were up from $98.7 million in 1980-81 to $122.2 million, an increase of approximately 23.8%.	25
Prior to April 1, 1981 the Swift Current Health Region processed medical care claims for the Region's beneficiaries. Effective April 1, 1981, the Saskatchewan Medical Care Insurance Commission and the Region Board entered into a new arrangement where the Commission assumed responsibility for processing claims for insured services provided by physicians to Region residents.	14
Claims processed amounted to 6.5 million in 1981-82, compared to 6.1 million in the previous year.	26
In 1981-82, 83.9% of insured persons actually received physician services, compared to 83.8% in 1980-81.	28
The average payment per beneficiary in 1981-82 based on the rate per 1,000 beneficiaries was $122.84, up from $104.78 in 1980-81. The cost for an average size family paying direct for the services would have amounted to approximately $430 for the year.	31
The number of physicians receiving $20,000 or more in Commission payments during the year increased to 1,028 from 943 in 1980-81.	39
The ratio of population to the number of physicians receiving $20,000 or more in Commission payments in 1981-82 was 1,000: 1, unchanged from the previous year.	39
In 1981-82 the average M.C.I.C. payment for physicians receiving $20,000 or more in Commission payments was $103,400. A total of 478 physicians received over $100,000 in M.C.I.C. payments in 1981-82.	44
Partial assessment services increased from 2,915,200 in 1980-81 to 3,339,100 in 1981-82; the rate per 1,000 beneficiaries for these services was up 8.9% over the previous year. Complete assessment services increased at a rate per 1,000 beneficiaries of 7.1%.	30
The rate per 1,000 female beneficiaries for vaginal hysterectomy procedures decreased by 24.6% over the previous year; the rate for abdominal hysterectomy procedures was down 7.0%.	36
Cardiac catheterization services increased at a rate per 1,000 beneficiaries of 18.1%.	36
The average payment for the 69 chiropractors receiving $20,000 or more in Commission payments in 1981-82 was $65,300. In 1981-82 there were 39 chiropractors who received over $60,000 in M.C.I.C. payments.	45

The Saskatchewan Medical Care Insurance Plan

Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under the Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians; services by chiropractors and optometrists.

The Plan is financed through the Medical Care Insurance Fund. The fund is supported by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal Government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependent upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

The Commission

The Medical Care Insurance Plan is administered by a Commission consisting of not less than seven nor more than eleven members responsible to the Minister of Health. In 1981-82 there were nine members. Two physician members are nominated by the Saskatchewan Medical Association. Another physician member is nominated by the Dean of Medicine, University of Saskatchewan. Each commissioner is appointed for a three-year term of office and may be reappointed, but cannot serve more than two terms consecutively.

Mr. G. C. Patchett is Chairman and Executive Director of the Commission.

Responsibilities of the Commission and Government

The general responsibilities of the Commission are stated in the Act to be the establishment and administration of a plan of medical care insurance for the residents of the province. Regulatory powers are assigned in the Act to both the Lieutenant Governor in Council and the Commission, with responsibilities generally divided as follows:

(a) Lieutenant Governor in Council (Cabinet):

1. All matters concerning basic fiscal and related policies — e.g. financing of the Plan.
2. All matters affecting the coverage of the Plan — e.g. services to be insured, beneficiaries to be covered.

The Lieutenant Governor in Council may not make any regulations substantially affecting the operation of the plan without first consulting the Commission.

(b) Commission:

1. All matters governing arrangements to pay for insured services.
2. All matters governing rates of payment to providers of service, methods of payment, and assessment of accounts.

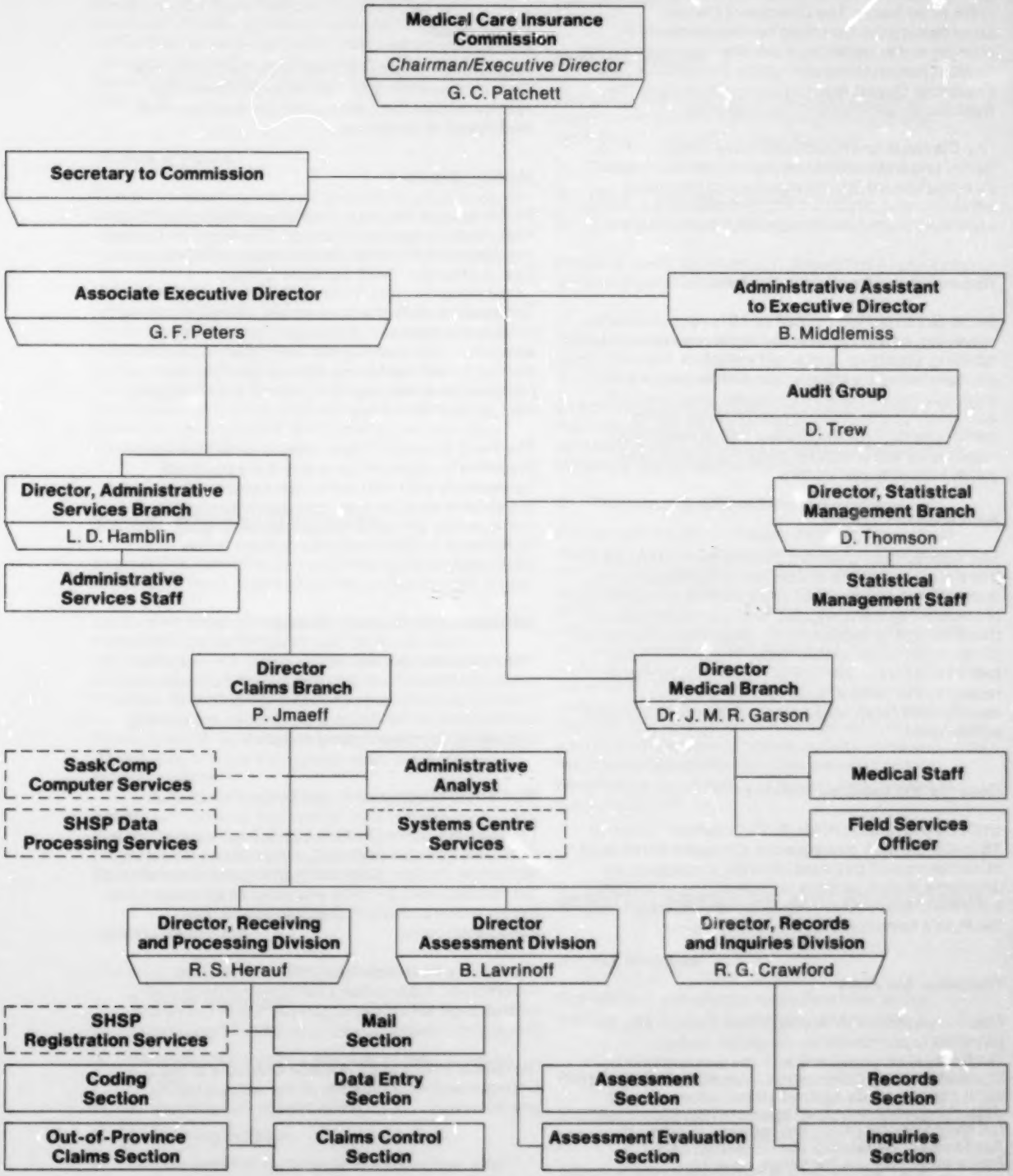
Before making any regulations altering the general rates of payment for insured physician services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Administrative Organization

Executive Branch

The Executive Director, Mr. G. C. Patchett is responsible to the Commission for the overall administration of the Plan. Mr. B. Middlemiss, Administrative Assistant provides assistance to the Executive Director in relation to a wide range of administrative matters. The Associate Executive Director, Mr. G. F. Peters is responsible for the administrative service support and claims processing functions. The Commission Secretary carries out secretarial duties for the Commission and Chairman. The Audit Group under the direction of Mr. D. Trew is responsible for the claims verification and audit program.

Organization of the Saskatchewan Medical Care Insurance Commission



Dotted lines indicate contractual arrangements with these agencies

March 1982

Claims Branch

This branch, under the direction of Mr. P. Jmaeff, is responsible for the processing of claims. The total staff numbering 124 is divided into three divisions referred to below. The Director of Claims co-ordinates the Commission requirements in relation to the contractual services supplied by the Saskatchewan Computer Utility Corporation, the Provincial Government Systems Centre and the Saskatchewan Hospital Services Plan.

The Claims Branch Administrative Analyst, Mr. D. Bartel undertakes studies on a continuing basis, directed toward the development of improved administrative practices and the maintenance of a high level of efficiency in systems procedures.

Receiving and Processing Division

Mr. R. S. Herauf with a staff of 76 is responsible for receiving, screening and coding incoming claims, totalling almost six and a half million in 1981-82. This division transfers information on the claims to magnetic tape to enable computer processing of accounts. The division is also responsible for correcting or returning claims which have been rejected by the computer because of incorrect patient identity particulars.

Assessment Division

The Assessment Division, headed by Mr. B. Lavrinoff, has a staff of 27. The division is responsible for the manual assessment of all accounts which cannot be processed by the computer; and participates in the development of assessment policies and evaluation of computer assessment rules. The division also provides a liaison service with practitioners with regard to the general assessment of claims, assessment rules, explanatory codes and payment agreements.

Records and Inquiries Division

Under the direction of Mr. R. G. Crawford, a staff of 18 in the division manages the storage and retrieval of all claims and payment records. Another of the division's main functions is responding to inquiries from the public and providers of services regarding the Plan's benefits and payment of claims.

Computer Services

Routine assessment and approval of accounts for payment is performed by computer under a contractual arrangement with the Saskatchewan Computer Utility Corporation. A computer check of each claim is made against stored information to determine whether it may be approved. Claims which fail the computer check are referred to either the Assessment Division or the Receiving and Processing Division for follow-up action.

Maintenance of computer programs is carried out under a contractual arrangement with the Systems Centre by its analysts under the supervision of Mr. C. McConnell.

Registration

Registration of beneficiaries is carried out by the Saskatchewan Hospital Services Plan which is reimbursed by the Commission for such services performed on its behalf.

Medical Branch

This branch with a total staff of 5 is headed by Dr. J. M. R. Garson, Medical Director. The Medical Branch also includes Dr. R. M. Salole, Medical Officer, and Mrs. J. Merrells, Field Services Officer.

The medical staff provides advice and consultative services in relation to the supervision of claims assessment and coding policies, assessment of accounts referred by the Assessment Division, and participates in studies which involve medical and clinical considerations.

The Field Services Officer makes visits throughout the province to physicians who have payment agreements with the Commission and to other physicians upon request and provides a personal link whereby any problems associated with the handling of accounts may be relayed to the Commission.

Administrative Services Branch

The Administrative Services Branch has a staff of 10 under the direction of Mr. L. D. Hamblin. The Branch provides a number of central services for the Commission in the fields of personnel, accounting, budgeting, purchasing and supplies.

Statistical Management and Evaluation Branch

The Director of the Branch, Mr. D. Thomson, with the Assistant Director and staff, undertakes numerous statistical studies which form an essential element of the management process and provide an insight into trends in the utilization of services and their associated costs.

Studies are based on data available from the Commission's operation and from an information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various health practitioners.

Medical Care Insurance Fund

All payments by the Plan are made from the Saskatchewan Medical Care Insurance Fund. The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that in which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Except for "Special Residents" new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

Special Residents

The term "special resident" includes:

1. A landed immigrant,
2. A discharged member of the Canadian Forces,
3. Returning spouse of a member of the Canadian Forces,
4. A returning Canadian citizen,
5. A returning resident,
6. Certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

Excluded Residents

The following residents are entitled to receive medical care under Federal programs and are excluded from Commission coverage:

1. Members of the Canadian Forces.
2. Royal Canadian Mounted Police.
3. Inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

Beneficiaries Leaving the Province

1. Establishing residence outside the province.

Beneficiaries leaving the Province are eligible under the Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

2. Temporarily absent from the province.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter into employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon the completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

Insured Services and Exclusions

Insured Services

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services. The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services. Surgical procedures, by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Insured Services — (Continued)

Maternity Services. Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia. The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- dental anaesthesia in hospital;
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology;
- laboratory services, including interpretations, provided by a specialist in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist;
- other diagnostic services provided by a physician.

Preventive Medical Services. Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of marriage, insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions. Eye examinations to determine refractive error. (Frequency of examinations under Optometric Services below also applies.)

Optometric Services

Refractions. Eye examinations to determine refractive error. Unless special medical factors are present, the frequency of examinations is limited to one in any 12-month period for all ages.

Dental Services

(a) Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

(b) Certain services in connection with abnormalities of the mouth and surrounding structures.

(c) Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

(d) Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

(e) Extraction of teeth medically required for the provision of:
- heart surgery;
- services for chronic renal disease; or
- services for total joint replacement by prosthesis;

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the Commission is received.

Chiropractic Services

Chiropractic visit and x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province.

Exclusions

The following services are not insured:

Health services received under other public programs including: Saskatchewan Hospital Services Plan, The Workers' Compensation Act, The Mental Health Act.

Diagnosis and treatment of cancer. All services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

The following physician services are excluded:
- travelling;
- advice by telephone;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of marriage, employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

The following additional services are excluded:
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by physiotherapists; physiotherapy services for hospital outpatients are covered under the Saskatchewan Hospital Services Plan;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- dentistry, except as described under Insured Services — Dental Services;
- drugs;
- appliances (e.g. eye glasses, artificial limbs).

Methods of Payment

Fee-For-Service Payment

The Medical Care Insurance Commission makes fee-for-service payment by the following three methods:

Direct Payment to Practitioner — The practitioner may submit the account directly to the Commission, which makes payment to the practitioner. Under this method of payment the practitioner agrees to accept the Commission payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment through Approved Health Agency — If beneficiary and physician are members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician submits the account to the agency. The Commission makes payment to the agency which in turn makes payment to the physician. Under this method of payment the physician agrees to accept the payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment to Patient — Where neither of the above methods apply the practitioner must provide an itemized account in order for the patient to obtain payment from the Commission. The patient can send the account to the Commission or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The Commission makes payment to the patient who is responsible for paying the practitioner's account. Under this method the amount charged by the practitioner may be different from the payment made by the Commission.

Contract Payment

As an alternative to fee-for-service payment the Commission may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the Commission prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

Private Agreement

A practitioner may advise a patient that he wishes to treat him on an entirely private basis. If the patient agrees, the practitioner is not required to provide the patient with an itemized statement of services and the Commission is not responsible for payment. Settlement of the account is a private matter between the practitioner and patient.

Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1981-82 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patients treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations who are responsible for the clinics. The Commission contributed towards payments made to the Health Associations by the Saskatchewan Hospital Services Plan, the agency handling this type of budget operation.

Rates of Payment for Insured Services

Physician Services

Payment for physician services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist. The physician may then charge the beneficiary the difference between the specialist referred and unreferred rate.

Optometric Services

Payment for eye examinations to determine refractive error when provided by optometrists is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Optometric Association and the Commission.

Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Commission.

Out of Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the Plan.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the province notifies the Commission prior to the service being provided, and the Commission agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.

Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Commission was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the province and makes recommendations to the College, the Association or the Commission. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the Commission's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the Commission may take monetary action. During 1981-82 the Committee reviewed the patterns of billing of thirty-six physicians. Seven meetings of the Joint Professional Review Committee were held in that year.

A review of chiropractic services and payments is carried out by the Chiropractic Review Board which consists of chiropractors and officers of the Commission.

Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region may send their accounts directly to the Region or to the Commission. Region staff check and code claims submitted to the Region. They then send the claim information by automated means to the Commission for processing. The Commission provides the Swift Current Health Region with a grant to cover administrative costs in operating the program.

Claims Processing System

1. Claims are received (average of 125,000 per week) from physicians, optometrists, chiropractors, patients, and the approved health agencies.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Master Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.

(b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.

5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.

(b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the Commission staff. The rejected claims are either corrected or returned to the sender for additional information.

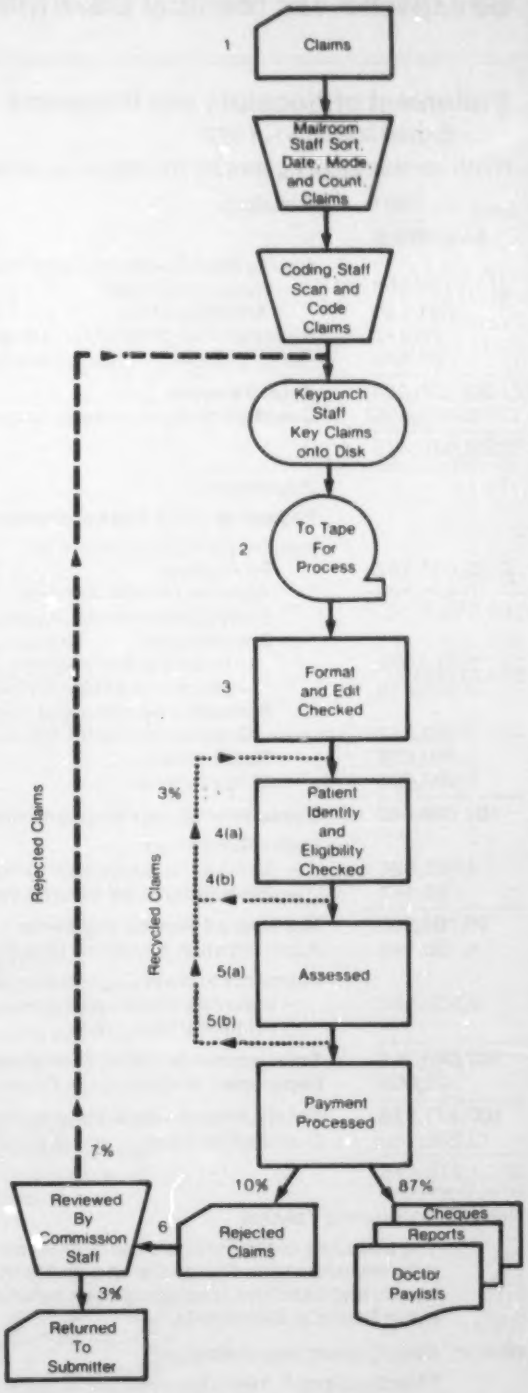
In lieu of the manual submission of claims referred to in item 1 above, the Commission may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claims systems are urged to contact the Commission prior to purchase of the equipment to ensure compatibility with the Commission's claims processing system.

Medical Care Research

From time to time the Commission assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the Commission has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The Commission's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons, the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the Commission for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the Commission.



Statement of Receipts and Payments

Year Ended March 31, 1982

(With comparative figures for the previous year)

1981 (unaudited)	Receipts:	1982
	Grants from the Consolidated Fund	
$102,731,656	— Insured services	$121,626,000
4,501,540	— Administration	4,887,520
68,242	Repayment of practitioner advances	—
91,646	Bursary refunds including interest	104,409
107,393,084	**Total Receipts**	**126,617,929**
(2,482,606)	Overdraft on bank — beginning of period	(2,266,750)
$104,910,478		$124,351,179
	Payments:	
	Payments under Saskatchewan Medical Care Insurance Act:	
	Insured service payments to:	
$ 82,051,154	Physicians	$101,198,683
3,435,067	Approved Health Agencies	3,075,910
—	Swift Current Health Region	2,868,734
	Beneficiaries	
5,613,962	— for physician services	5,870,993
2,022,315	— for chiropractor services	2,363,583
	Saskatchewan Hospital Services Plan —	
3,062,217	Community Health Associations	3,638,598
3,350,625	Optometrists	3,750,426
1,993,605	Chiropractors	2,394,477
101,528,945	**Gross insured service payments**	**125,161,404**
	Less refunds from:	
2,565,888	— Cancer Foundation for cancer services	2,908,829
168,177	— Practitioners, for insured services	53,357
98,794,880	**Net insured service payments**	**122,199,218**
4,458,144	Administration payments (Statement 2)	4,973,862
	Payments to Swift Current Health Region:	
3,832,195	— Insured services and administration costs	—
—	— Administration costs	192,073
107,085,219	**Total payments under Saskatchewan Medical Care Insurance Act**	**127,365,153**
92,009	Department of Continuing Education Bursary Refunds	103,963
107,177,228	**Total payments Saskatchewan Medical Care Insurance Fund**	**127,469,116**
(2,266,750)	Overdraft on bank — end of period	(3,117,937)
$104,910,478		$124,351,179

Note 1: Accounting Policies

The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding bank balance) of the Fund, as at March 31, 1982, are not reflected in these financial statements.

Note 2: Swift Current Health Region

Effective April 1, 1981, the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province.

Physician services to the beneficiaries of the Region in 1981/82 are included in the insured service payments. Region administrative costs for 1981/82 are as indicated.

Note 3: The accounting period for the Saskatchewan Medical Care Insurance Commission has been changed from a calendar year to a fiscal year, April 1 to March 31. The 1981/82 year is the first time the accounting records were audited on a fiscal year basis. The figures provided for 1980/81 for comparison have, therefore, not been audited.

Statement of Administration Payments

Year Ended March 31, 1982

(With comparative figures for the previous year)

1981 (unaudited)		1982
$2,997,505	Salaries	$3,157,617
402,540	Registration services (S.H.S.P.)	437,490
340,007	Computer Services	392,651
237,514	Systems analyst services	372,873
216,785	Postage and communications	250,759
124,260	Stationery and office supplies	135,945
48,688	Equipment purchase and repair	98,541
75,321	Rent of office equipment	77,899
52,107	Data processing services (S.H.S.P.)	62,357
29,579	Printing and advertising	41,872
21,957	Payments to Commission members	20,793
19,910	Travel and sustenance	15,325
29,772	Miscellaneous contractual services	6,089
3,283	Educational and professional fees	3,780
4,599,228		5,073,991
141,084	Less: Recoveries for services to other agencies	100,129
$4,458,144	**Total administration payments to Statement 1**	**$4,973,862**

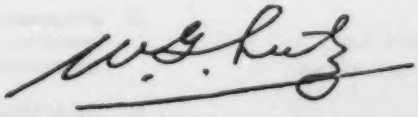
(S.H.S.P.) Saskatchewan Hospital Services Plan

Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the statement of receipts and payments and the supporting statement of administration payments for the Saskatchewan Medical Care Insurance Fund for the year ended March 31, 1982. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the cash transactions of the Fund for the year ended March 31, 1982 and the bank balance at that date in accordance with the stated accounting policies of the Fund applied on a basis consistent with that of the preceding year.



Regina, Saskatchewan
May 3, 1982.

W. G. Lutz, F.C.A.,
Provincial Auditor.

Statistical Tables

Introductory Notes

General — The following tables are based upon Commission payments made during 1981-82 for medical, optometric and chiropractic services provided to Commission beneficiaries as outlined in Table 6, page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by the Saskatchewan Hospital Services Plan.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the year 1981-82 include some services rendered in 1980-81.

Payment Adjustments — The difference between "Gross Insured Service Payments" (Statement 1, Page 16) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to S.H.S.P. on a global basis for medical and optometric services provided in community clinics.

Number of Services — Certain categories of service data shown in the tables may:

(a) represent an understatement, e.g.:
  (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;
  (ii) obstetrical services include post-natal care in hospital;
  (iii) some diagnostic and therapeutic procedures include visit services;
  (iv) some visit services include minor procedures;

or

(b) represent an overstatement, e.g.:
  (i) surcharges counted as services.

Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well-baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls and Emergency Visits** — Visits other than (a), (b), (c), (e) or (f), provided when a physician is specially called to attend a patient on a priority basis which causes a degree of disruption of work or out-of-hours activity, and travel. This category comprises surcharge payments for specially called visits and special calls to a hospital to provide anaesthesia.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient returns to the referring physician for continuing treatment. If continuing treatment is provided by the consultant the visit is classified and paid as a complete or partial assessment.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (See page 12).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprises therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprises special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Refractions by Optometrists** — Eye examinations to determine the refractive state of the eye, when provided by an optometrist.

Categories of Practitioners (Tables 13 and 16 to 24)

I. **Physicians**

(a) **Family Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A family practitioner who maintains patients' medical records with one or more other physicians.

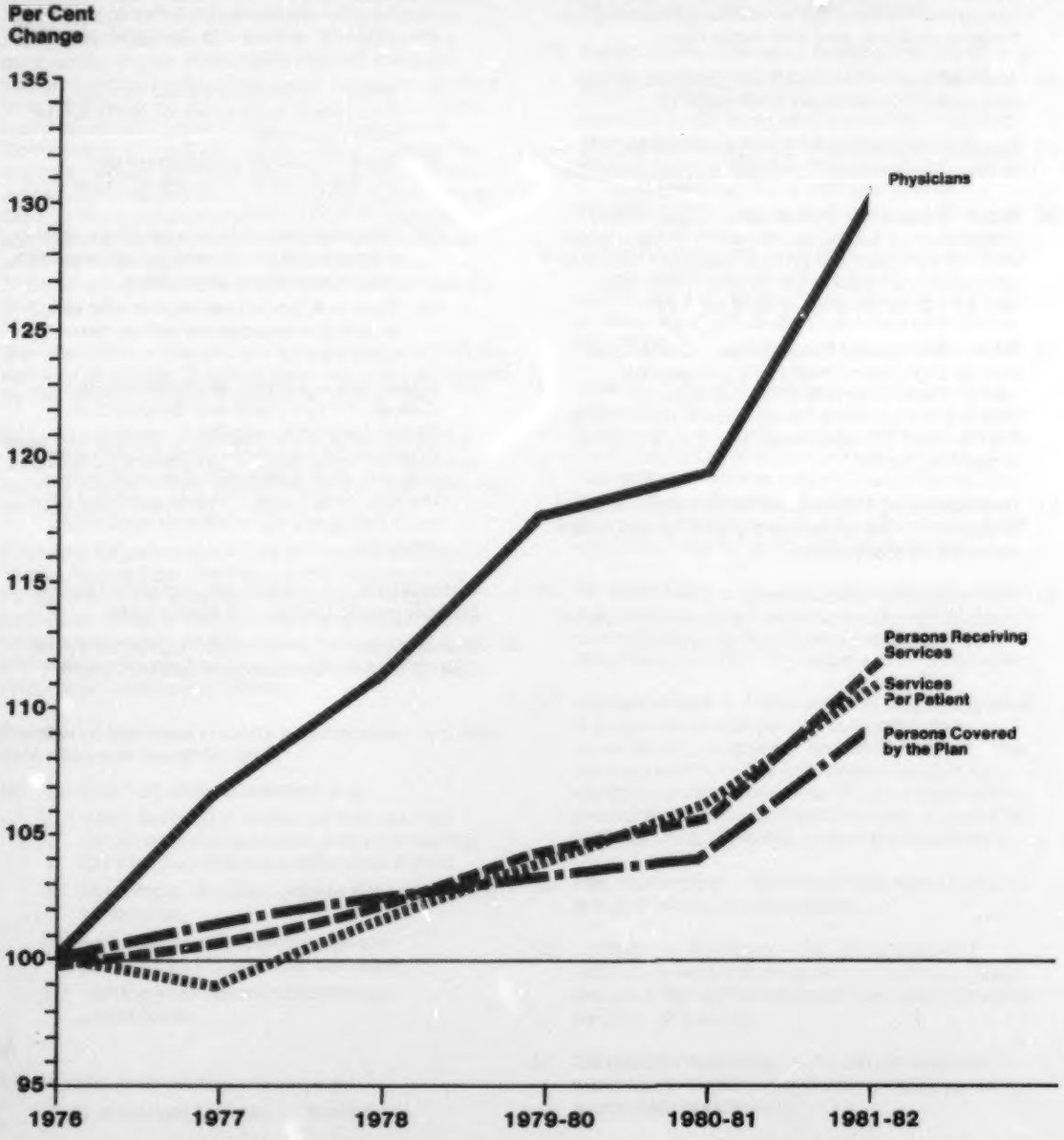
(iv) **Solo** — A family practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive Commission payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.

II. **Optometrist** — a practitioner registered by the Saskatchewan Optometric Association.

III. **Chiropractor** — a practitioner registered by the Chiropractors' Association of Saskatchewan.

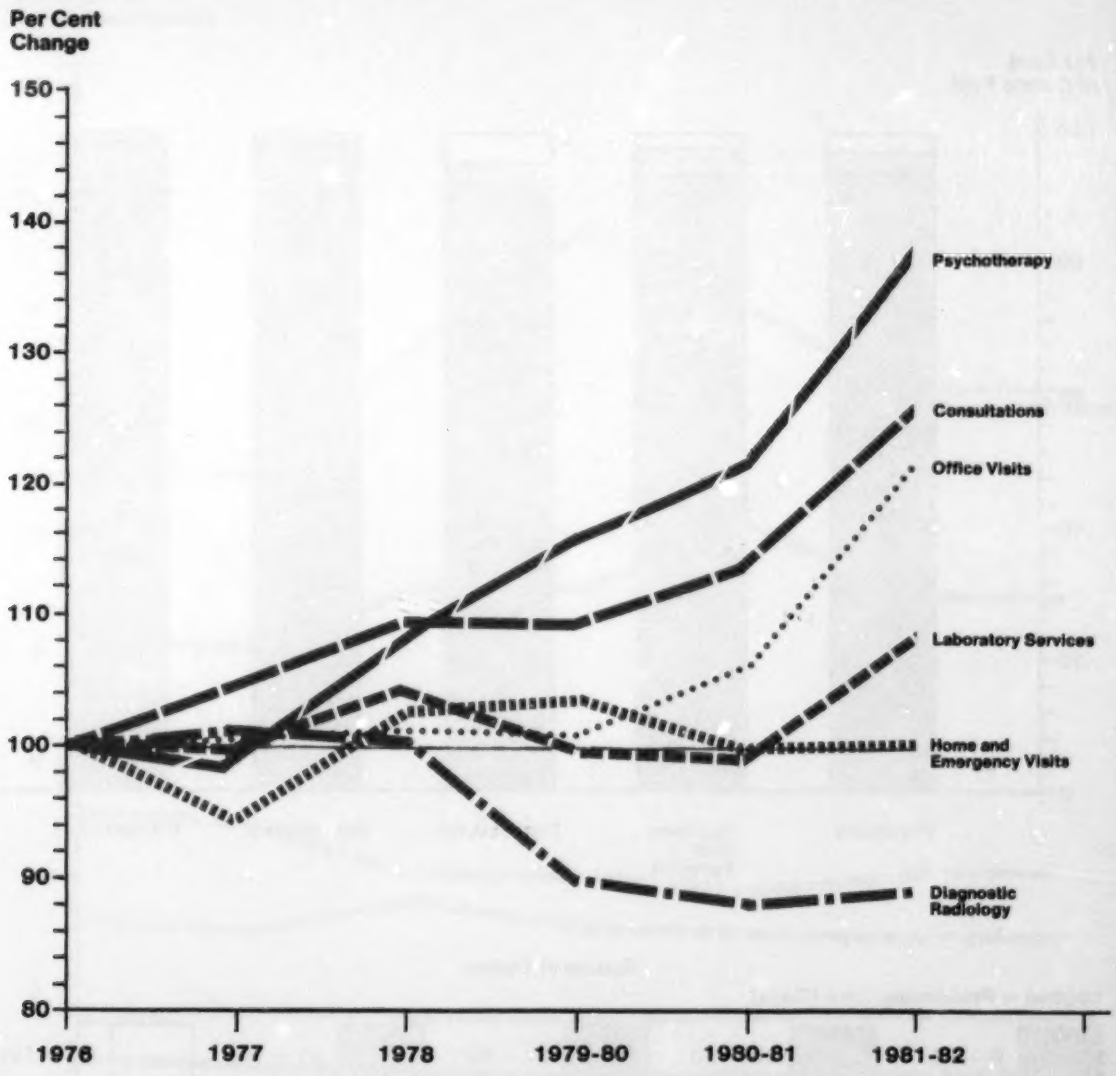
Figure 1
Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1976)



Note: (a) Data shown are for calendar years 1976, 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1981-82.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

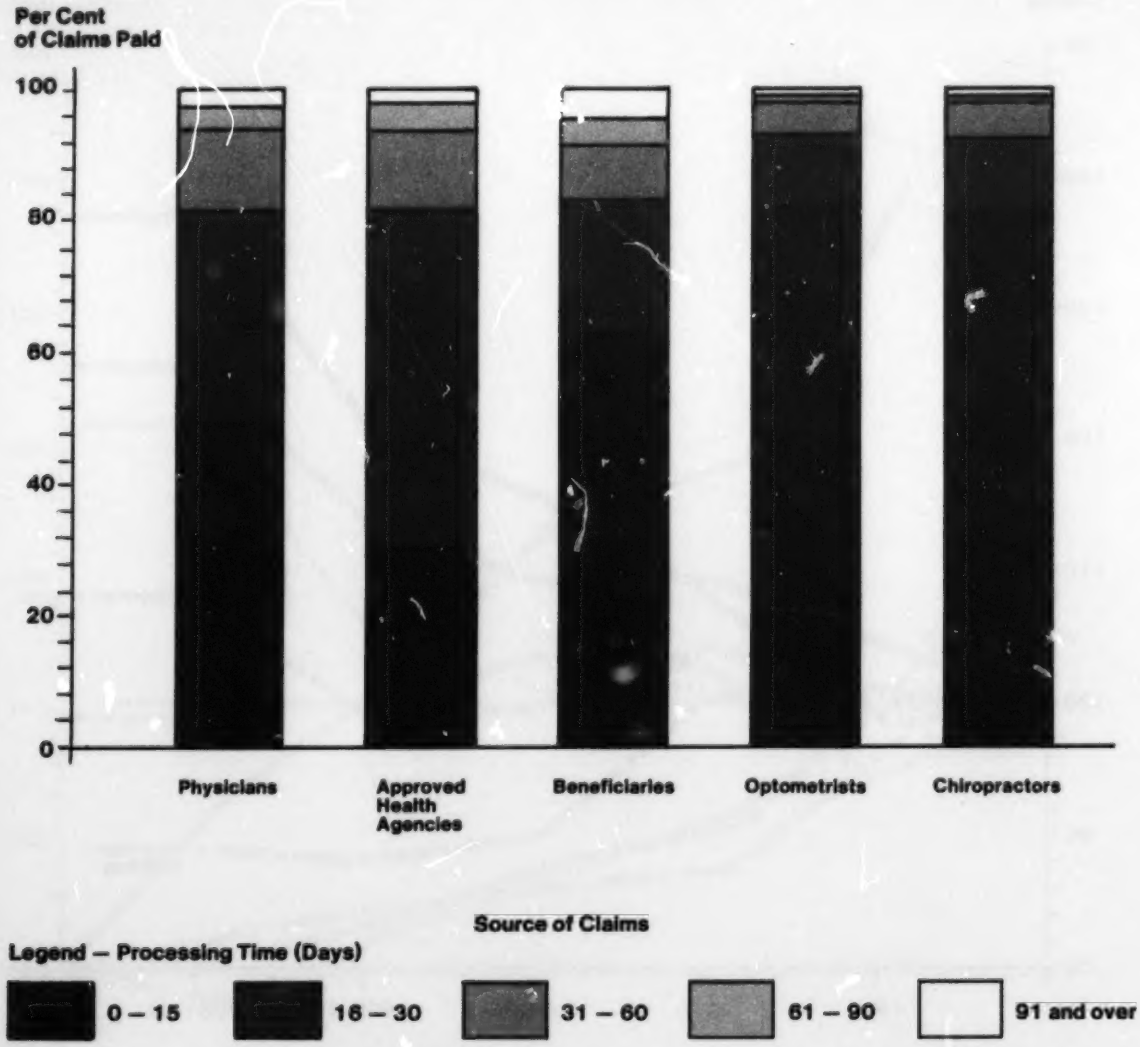
Figure 2
Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Service (Indexed to Base Year 1976)



Note: (a) Data shown are for calendar years 1976, 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1981-82.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

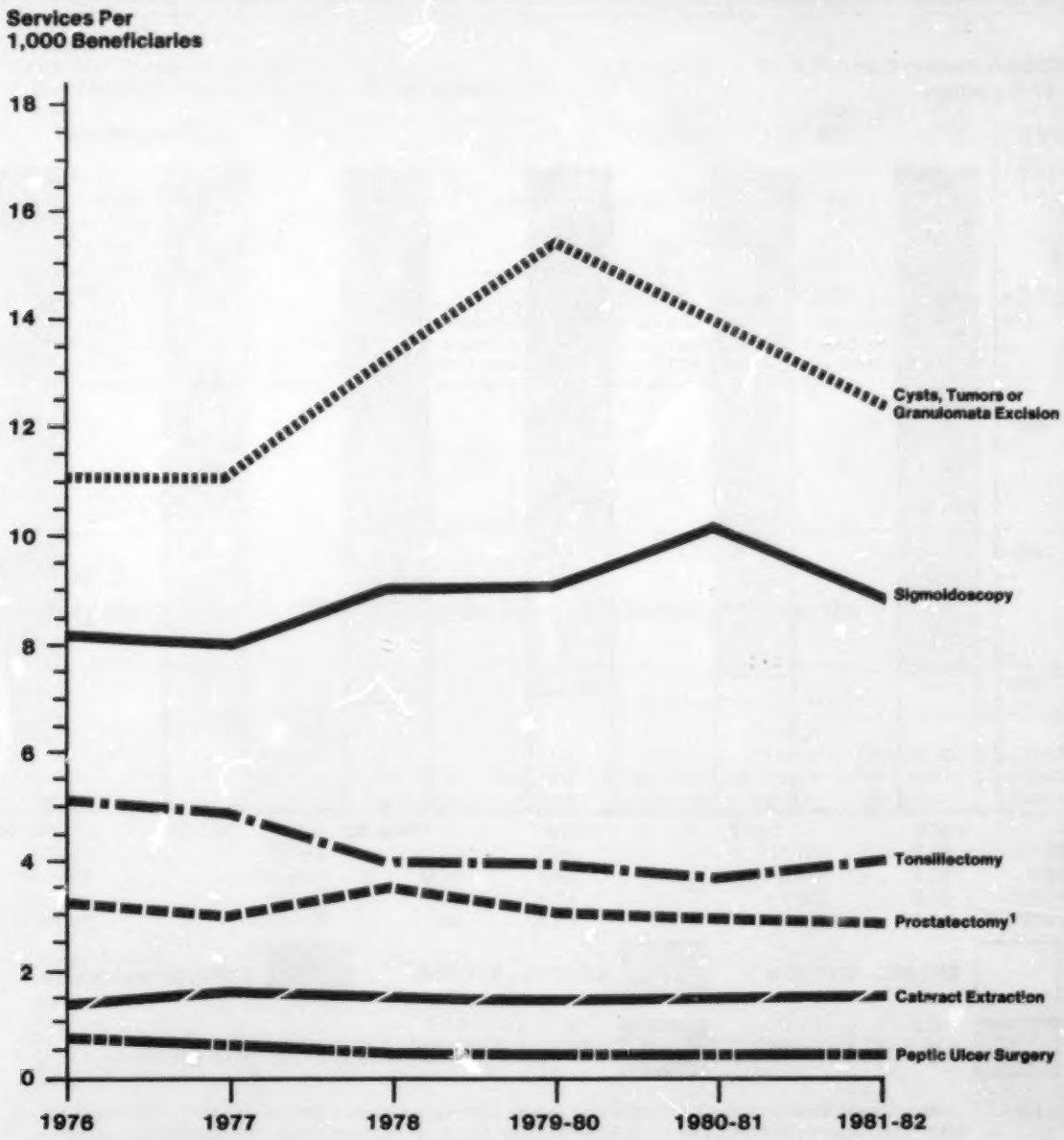
Figure 3
Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment



Almost all claims from Physicians (97.8%), Approved Health Agencies (98.6%), Beneficiaries (96.8%), Optometrists (99.5%), and Chiropractors (99.3%) are processed within 90 days. The small percentage of claims taking longer than 90 days to process arises from:

(a) late submission;
(b) incorrectly completed or incomplete claims;
(c) complex claims requiring further information or clarification e.g. certain out-of-province claims.

Figure 4
Services Per 1,000 Beneficiaries for Selected Procedures, 1976 to 1981-82

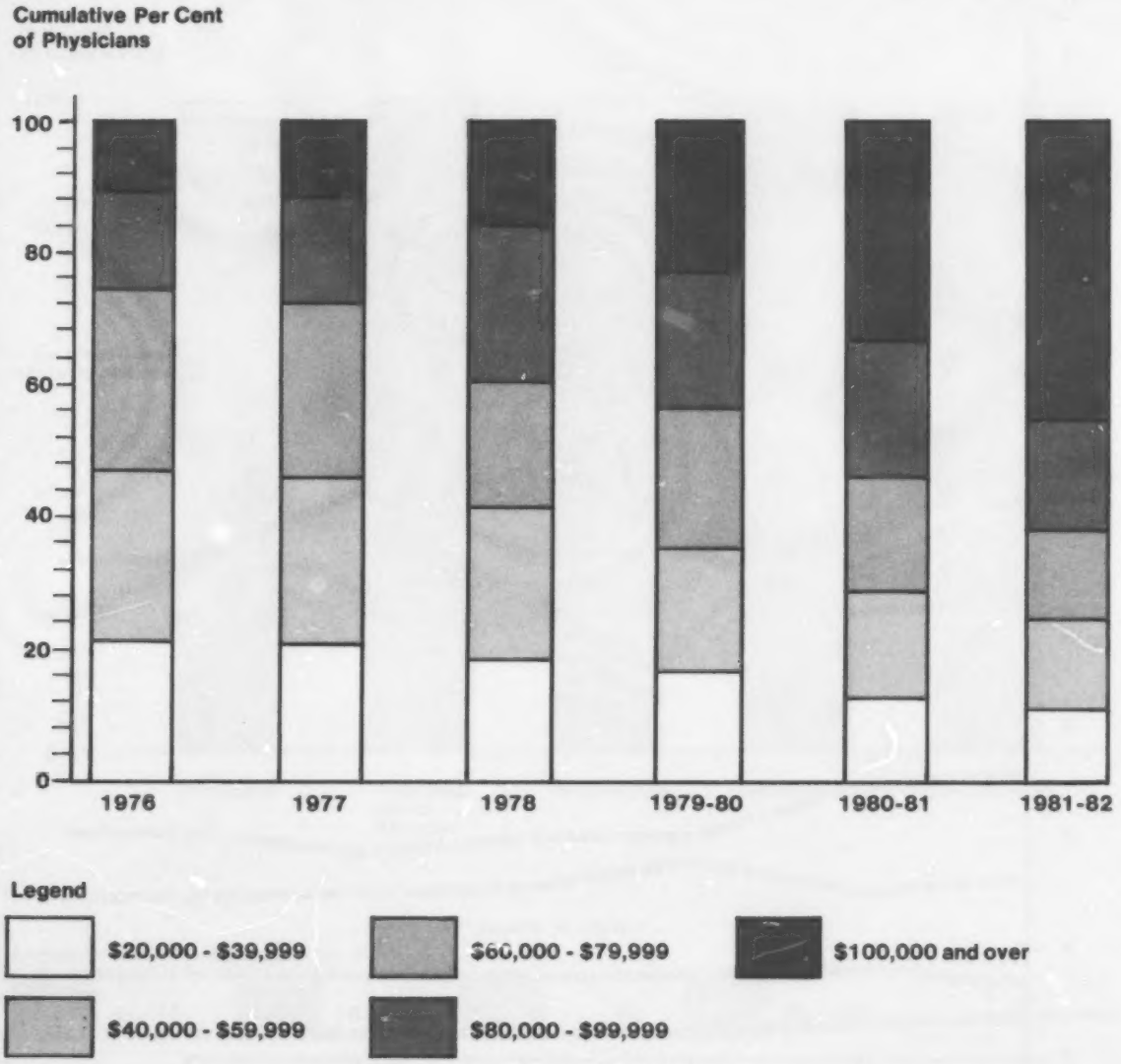


[1] Per thousand male beneficiaries.

(a) Data shown are for calendar years 1976, 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1981-82.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician Services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

Figure 5
Per Cent of Physicians by Range of MCIC Payment, 1976 to 1981-82



Note: (a) Data shown are for calendar years 1976, 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1981-82.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

Table 1
Summary of Receipts and Payments

	Amount (000's)		Per Cent of Total	
	1980-81	1981-82	1980-81	1981-82
Receipts				
Grant from Consolidated Fund	$107,233	$126,513	100.2	99.3
Adjustments between bank balance at start and end of year	(217)	852	(0.2)	0.7
Total Receipts	**$107,016**	**$127,365**	**100.0**	**100.0**
Payments				
Insured Services	$ 98,794	$122,199	92.3	95.9
Repayment of Practitioner Advances	(68)	–	(0.1)	–
Swift Current Health Region	3,832	192	3.6	0.2
Administration Payments[1]	4,458	4,974	4.2	3.9
Total Payments	**$107,016**	**$127,365**	**100.0**	**100.0**

[1] Does not include the value of some services and facilities provided at no direct cost to the Commission by other government agencies e.g. office space, furniture, central purchasing, central personnel services, or group life contributions. Their estimated value is $512,000 for 1980-81 and $541,000 for 1981-82. Including them brings administration costs as a per cent of total payments to 4.6% in 1980-81 and 4.3% in 1981-82.

Table 2
Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's)[1]	Per Cent Change Due to: Change in Population	Increase in Fees	Change in Coverage[2]	Change in Value of Claims Inventory[3]	Change in Per Capita Utilization[4]	**Total Per Cent Change**
1977-78	66,482	–	–	–	–	–	–
1978-79	78,365	1.05	4.95	–	11.28	0.59	**17.87**
1979-80	83,555	0.76	9.52	0.03	−5.71	2.02	**6.62**
1980-81	99,401	0.67	13.36	0.17	−0.63	5.39	**18.96**
1981-82	122,253	0.88	14.82	3.25	1.90	2.14	**22.99**
Average Annual Per Cent Change 1977-78 to 1981-82	–	0.84	10.66	0.86	1.71	2.54	**16.61**

[1] Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1, page 16.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

[3] Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

[4] The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services.

Table 3
Adjustments and Recoveries by the Commission

	1980-81		1981-82	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,514	$6,710.3	1,562	$6,887.1
Special Commission Studies[3]	2	3.7	6	8.8
Professional Review Activity	6	164.4	7	44.6
Total	—	**$6,878.4**	—	**$6,940.5**

[1] Practitioners who received a Commission payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the Commission.

Table 4
Volume of Claims Compared to Number of M.C.I.C. Staff

Year	1977-78	1978-79	1979-80	1980-81	1981-82
Thousands of Claims Received	5,347	5,588	5,823	6,121	6,459
Number of Employees[1]	155	157	167	158	159
Claims per Employee	**34,497**	**35,592**	**34,868**	**38,740**	**40,623**

[1] Number of employees on staff as at March 31 of each fiscal year.

Table 5
Claims Received by Method of Billing

	Thousands of Claims Received					Per Cent of Claims Received				
Claims Received from:[1]	77-78	78-79	79-80	80-81	81-82	77-78	78-79	79-80	80-81	81-82
Physicians[2]	4,442	4,629	4,662	5,024	5,389	83.1	82.8	80.1	82.1	83.4
Optometrists	134	144	159	169	168	2.5	2.6	2.7	2.7	2.6
Chiropractors	154	186	199	226	245	2.9	3.3	3.4	3.7	3.8
All Providers of Service	**4,730**	**4,959**	**5,020**	**5,419**	**5,802**	**88.5**	**88.7**	**86.2**	**88.5**	**89.8**
Group Medical Services	84	72	62	53	45	1.6	1.3	1.1	0.9	0.7
Medical Services Inc.	254	219	192	168	136	4.7	3.9	3.3	2.7	2.1
Total Approved Health Agencies	**338**	**291**	**254**	**221**	**181**	**6.3**	**5.2**	**4.4**	**3.6**	**2.8**
Beneficiaries	**279**	**338**	**549**	**481**	**476**	**5.2**	**6.1**	**9.4**	**7.9**	**7.4**
Total	**5,347**	**5,588**	**5,823**	**6,121**	**6,459**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[1] Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1981-82 amounted to 2.1% of which 1.4% were from practitioners and 0.7% were from beneficiaries.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

Table 6
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1981		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,199	7,641	14,189	12,360	194,481	165,892
1 - 4	34,126	32,533	7,814	6,955	100,659	86,029
5 - 14	81,605	77,975	4,516	4,512	58,574	56,187
15 - 24	99,029	94,930	4,687	11,838	60,304	129,758
25 - 44	129,112	124,125	5,669	12,730	72,641	149,061
45 - 64	92,102	92,646	9,273	11,849	121,247	140,709
65 - 69	19,197	20,476	13,847	15,178	174,308	169,055
70 and over	35,271	41,779	22,206	24,450	232,714	225,230
All Beneficiaries	**498,641**	**492,105**	**7,722**	**11,799**	**98,024**	**132,442**
B. Optometrists						
Under 1	8,199	7,641	2	1	43	30
1 - 4	34,126	32,533	24	26	564	600
5 - 14	81,605	77,975	156	198	3,573	4,553
15 - 24	99,029	94,930	145	242	3,315	5,545
25 - 44	129,112	124,125	132	205	3,021	4,703
45 - 64	92,102	92,646	192	224	4,411	5,139
65 - 69	19,197	20,476	178	218	4,075	4,985
70 and over	35,271	41,779	162	189	3,689	4,292
All Beneficiaries	**498,641**	**492,105**	**144**	**199**	**3,297**	**4,557**
C. Chiropractors						
Under 1	8,199	7,641	8	13	64	107
1 - 4	34,126	32,533	30	26	238	209
5 - 14	81,605	77,975	107	96	872	776
15 - 24	99,029	94,930	351	439	2,909	3,609
25 - 44	129,112	124,125	725	914	5,955	7,475
45 - 64	92,102	92,646	973	1,159	7,942	9,441
65 - 69	19,197	20,476	851	1,019	6,942	8,314
70 and over	35,271	41,779	541	629	4,439	5,128
All Beneficiaries	**498,641**	**492,105**	**528**	**646**	**4,328**	**5,279**

Table 7
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1980-81 Number of Beneficiaries	1980-81 % of Beneficiaries	1980-81 % of Payments	1980-81 % of Services	1981-82 Number of Beneficiaries	1981-82 % of Beneficiaries	1981-82 % of Payments	1981-82 % of Services
A. Physicians Only[1]								
$ 0.00[2]	152,544	16.2	—	—	158,887	16.1	—	—
$ 0.01 - $ 10.00	80,309	8.5	0.8	1.0	55,175	5.6	0.5	0.6
$ 10.01 - $ 25.00	101,254	10.8	2.1	2.4	118,152	11.9	2.0	2.2
$ 25.01 - $ 50.00	173,015	18.4	6.9	8.0	157,811	15.9	5.3	6.2
$ 50.01 - $ 100.00	177,916	18.9	14.0	16.0	189,158	19.1	12.2	13.9
$100.01 - $ 200.00	134,203	14.2	20.6	22.3	154,826	15.6	19.5	21.2
$200.01 - $ 500.00	95,223	10.1	31.8	30.3	118,129	11.9	32.3	31.8
$500.01 - $1,000.00	22,384	2.4	16.3	14.7	31,368	3.2	18.6	17.0
Over $1,000.00	4,683	0.5	7.5	5.3	7,240	0.7	9.6	7.1
Total	**941,531**	**100.0**	**100.0**	**100.0**	**990,746**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[2]	819,255	83.4	—	—	824,113	83.2	—	—
$ 0.01 - $ 25.00	160,105	16.3	96.5	96.5	163,647	16.5	96.4	96.4
Over $25.00	2,897	0.3	3.5	3.5	2,986	0.3	3.6	3.6
Total	**982,257**	**100.0**	**100.0**	**100.0**	**990,746**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[2]	899,565	91.6	—	—	902,445	91.1	—	—
$ 0.01 - $ 10.00	15,147	1.6	2.7	2.9	16,440	1.7	2.7	2.9
$ 10.01 - $ 25.00	21,010	2.1	9.1	9.3	22,384	2.3	9.0	9.4
$ 25.01 - $ 50.00	18,884	1.9	16.6	16.5	19,398	1.9	15.7	15.6
$ 50.01 - $ 100.00	17,468	1.8	29.8	29.4	17,256	1.7	26.1	25.7
$100.01 - $ 200.00	8,123	0.8	27.1	27.0	9,920	1.0	28.4	28.2
Over $200.00	2,060	0.2	14.7	14.9	2,303	0.3	18.1	18.2
Total	**982,257**	**100.0**	**100.0**	**100.0**	**990,746**	**100.0**	**100.0**	**100.0**

[1] Excludes services provided to beneficiaries of the Swift Current Health Region in 1980-81. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

[2] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

Table 8
Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	8,199	9,945	100.00	14.19	194.48	11.70	160.34	13.71
	F	7,641	9,180	100.00	12.36	165.89	10.29	138.08	13.42
	T	**15,840**	**19,125**	**100.00**	**13.31**	**180.89**	**11.02**	**149.65**	**13.58**
1 - 4	M	34,126	32,001	93.77	7.81	100.66	8.33	107.34	12.88
	F	32,533	30,030	92.31	6.96	86.03	7.53	93.20	12.37
	T	**66,659**	**62,031**	**93.06**	**7.40**	**93.52**	**7.95**	**100.50**	**12.65**
5 - 9	M	40,163	31,953	79.56	4.83	63.81	6.07	80.21	13.21
	F	38,665	30,669	79.32	4.61	57.71	5.81	72.76	12.51
	T	**78,828**	**62,622**	**79.44**	**4.72**	**60.82**	**5.95**	**76.56**	**12.88**
10 - 14	M	41,442	30,015	72.43	4.21	53.50	5.81	73.87	12.71
	F	39,310	29,016	73.81	4.41	54.69	5.98	74.09	12.39
	T	**80,752**	**59,031**	**73.10**	**4.31**	**54.08**	**5.89**	**73.98**	**12.55**
15 - 19	M	49,611	38,045	76.69	4.50	59.07	5.87	77.03	13.13
	F	47,592	44,801	94.14	9.02	102.41	9.58	108.79	11.35
	T	**97,203**	**82,846**	**85.23**	**6.71**	**80.29**	**7.88**	**94.21**	**11.96**
20 - 24	M	49,418	35,656	72.15	4.88	61.54	6.76	85.29	12.62
	F	47,338	46,769	98.80	14.67	157.25	14.85	159.16	10.72
	T	**96,756**	**82,425**	**85.19**	**9.67**	**108.37**	**11.35**	**127.21**	**11.21**
25 - 29	M	44,224	31,921	72.18	5.05	64.59	7.00	89.49	12.79
	F	41,816	40,794	97.56	15.40	172.43	15.79	176.75	11.20
	T	**86,040**	**72,715**	**84.51**	**10.08**	**117.00**	**11.93**	**138.44**	**11.61**
30 - 34	M	35,250	25,775	73.12	5.51	71.27	7.53	97.47	12.94
	F	33,710	30,958	91.84	12.50	148.10	13.61	161.27	11.85
	T	**68,960**	**56,733**	**82.27**	**8.93**	**108.83**	**10.85**	**132.28**	**12.19**
35 - 39	M	26,531	19,528	73.60	6.05	77.60	8.22	105.43	12.83
	F	25,736	23,061	89.61	10.82	132.49	12.08	147.86	12.24
	T	**52,267**	**42,589**	**81.48**	**8.40**	**104.63**	**10.31**	**128.40**	**12.46**
40 - 44	M	23,107	16,529	71.53	6.66	84.44	9.31	118.04	12.68
	F	22,863	19,348	84.63	10.33	126.38	12.21	149.34	12.23
	T	**45,970**	**35,877**	**78.04**	**8.49**	**105.30**	**10.87**	**134.92**	**12.41**
45 - 49	M	23,071	16,534	71.67	7.36	95.21	10.27	132.85	12.94
	F	22,331	18,933	84.78	11.12	134.33	13.11	158.44	12.08
	T	**45,402**	**35,467**	**78.12**	**9.21**	**114.45**	**11.78**	**146.51**	**12.43**
50 - 54	M	23,931	17,488	73.08	8.32	106.86	11.39	146.23	12.84
	F	23,583	20,011	84.85	11.48	137.99	13.53	162.62	12.02
	T	**47,514**	**37,499**	**78.92**	**9.89**	**122.31**	**12.53**	**154.98**	**12.37**
55 - 59	M	23,619	17,977	76.11	9.83	130.64	12.91	171.64	13.29
	F	23,946	20,088	83.89	11.74	138.37	13.99	164.95	11.79
	T	**47,565**	**38,065**	**80.03**	**10.79**	**134.53**	**13.48**	**168.11**	**12.47**
60 - 64	M	21,481	17,017	79.22	11.78	154.91	14.87	195.55	13.15
	F	22,786	19,493	85.55	13.07	152.23	15.28	177.94	11.65
	T	**44,267**	**36,510**	**82.48**	**12.44**	**153.53**	**15.09**	**186.15**	**12.34**
65 - 69	M	19,197	15,792	82.26	13.85	174.31	16.83	211.89	12.59
	F	20,476	18,095	88.37	15.18	169.05	17.18	191.30	11.14
	T	**39,673**	**33,887**	**85.42**	**14.53**	**171.80**	**17.02**	**200.90**	**11.81**
70 - 74	M	14,760	12,715	86.14	16.72	196.89	19.41	228.55	11.77
	F	15,827	14,342	90.62	18.09	192.53	19.96	212.47	10.64
	T	**30,587**	**27,057**	**88.46**	**17.43**	**194.63**	**19.70**	**220.03**	**11.17**
75 and over	M	20,511	20,857	100.00	26.15	258.50	25.72	254.21	9.88
	F	25,952	26,714	100.00	28.33	245.17	27.52	238.18	8.65
	T	**46,463**	**47,571**	**100.00**	**27.37**	**251.05**	**26.73**	**245.21**	**9.17**
Total all ages	**M**	**498,641**	**389,748**	**78.16**	**7.72**	**96.02**	**9.88**	**122.85**	**12.43**
	F	**492,105**	**442,302**	**89.88**	**11.80**	**132.44**	**13.13**	**147.35**	**11.22**
	T	**990,746**	**832,050**	**83.98**	**9.75**	**114.11**	**11.61**	**135.88**	**11.71**

[1] As at June 30, 1981.

[2] Population treated at any time during the fiscal year.

Table 9
Services by Type of Service

Type of Service[1]	Number of Services[2] (000's) 1980-81	1981-82	Number of Services Per 1,000 Beneficiaries 1980-81	1981-82	Per Cent Change 1980-81 to 1981-82
Complete Assessments	408.0	461.0	434	485	7.14
Partial Assessments	2,915.2	3,339.1	3,096	3,370	8.85
Minor Assessments	115.1	128.6	122	130	6.56
Special Calls and Emergency Visits	402.3	404.4	427	408	−4.45
Hospital Care	1,301.0	1,307.2	1,382	1,319	−4.56
Psychotherapy	217.9	246.2	231	249	7.79
	5,359.5	**5,886.5**	**5,692**	**5,941**	**4.37**
Consultations	**232.2**	**258.3**	**247**	**259**	**4.86**
Laboratory Services	2,040.2	2,228.9	2,167	2,250	3.83
Diagnostic Radiology	166.7	172.4	177	174	−1.69
Other Diagnostic Procedures	293.6	402.7	312	406	30.13
	2,500.5	**2,804.0**	**2,656**	**2,830**	**6.55**
Major Surgery	70.8	75.7	75	76	1.33
Minor Surgery	107.1	115.5	114	116	1.75
Obstetrics	18.5	19.8	20	20	—
Anaesthesia	163.8	177.1	174	179	2.87
Surgical Assistance	43.7	48.3	46	49	6.52
	403.9	**436.4**	**429**	**440**	**2.56**
Major Therapeutic Procedures	37.7	43.8	40	44	10.00
Minor Therapeutic Procedures	166.7	188.7	177	191	7.91
	204.4	**232.5**	**217**	**235**	**8.29**
Refractions by Physicians	**44.7**	**41.5**	**47**	**42**	**−10.64**
All Physician Services	**8,745.2**	**9,657.2**	**9,288**	**9,747**	**4.94**
Refractions by Optometrists	**166.0**	**169.7**	**169**	**171**	**1.18**
Chiropractic Visit Services	533.5	570.1	543	576	6.08
Chiropractic X-Ray Services	12.3	11.2	13	11	−15.38
All Chiropractor Services	**545.8**	**581.3**	**556**	**587**	**5.58**
All Services	**9,457.0**	**10,408.2**	**10,013**	**10,505**	**4.91**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

[2] Excludes physician services provided to beneficiaries of the Swift Current Health Region in 1980-81. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

The optometric and chiropractic information includes data from the Swift Current Health Region for both years.

Table 10
Payments by Type of Service

Type of Service[1]	Dollar Payments[2] (000's) 1980-81	Dollar Payments (000's) 1981-82	Dollar Payments Per 1,000 Beneficiaries 1980-81	Dollar Payments Per 1,000 Beneficiaries 1981-82	Per Cent Change 1980-81 to 1981-82
Complete Assessments	8,326	11,023	8,843	11,126	25.82
Partial Assessments	28,066	37,350	29,809	37,699	26.47
Minor Assessments	1,132	1,400	1,202	1,413	17.55
Special Calls and Emergency Visits	5,226	4,199	5,551	4,238	−23.65
Hospital Care	5,775	6,608	6,133	6,670	8.76
Psychotherapy	2,244	2,811	2,384	2,837	19.00
	50,769	**63,391**	**53,922**	**63,983**	**18.66**
Consultations	**7,731**	**9,928**	**8,211**	**10,021**	**22.04**
Laboratory Services	5,258	6,457	5,584	6,518	16.73
Diagnostic Radiology	2,942	3,846	3,125	3,881	24.19
Other Diagnostic Procedures	3,856	5,159	4,095	5,207	27.16
	12,056	**15,462**	**12,804**	**15,606**	**21.88**
Major Surgery	10,024	11,450	10,646	11,556	8.55
Minor Surgery	1,837	1,998	1,951	2,017	3.38
Obstetrics	1,996	2,235	2,120	2,256	6.42
Anaesthesia	3,912	4,828	4,155	4,873	17.28
Surgical Assistance	929	1,105	987	1,115	12.97
	18,698	**21,616**	**19,859**	**21,817**	**9.86**
Major Therapeutic Procedures	705	899	749	908	21.23
Minor Therapeutic Procedures	783	973	832	982	18.03
	1,488	**1,872**	**1,581**	**1,890**	**19.54**
Refractions by Physicians	**742**	**788**	**788**	**796**	**1.02**
All Physician Services	**91,484**	**113,057**	**97,165**	**114,113**	**17.44**
Refractions by Optometrists	**3,466**	**3,887**	**3,529**	**3,923**	**11.16**
Chiropractic Visit Services	3,788	4,518	3,856	4,560	18.26
Chiropractic X-Ray Services	228	238	233	240	3.00
All Chiropractor Services	**4,016**	**4,756**	**4,089**	**4,800**	**17.39**
All Services	**98,966**	**121,700**	**104,783**	**122,836**	**17.23**

1 The "Introductory Notes", page 18, describe inclusions in these classifications.

2 Excludes physician services provided to beneficiaries of the Swift Current Health Region in 1980-81. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

The optometric and chiropractic information includes data from the Swift Current Health Region for both years.

Table 11
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1980-81 Family Practitioners ($)	1980-81 Specialists ($)	1980-81 All Practitioners ($)	1981-82 Family Practitioners ($)	1981-82 Specialists ($)	1981-82 All Practitioners ($)
Complete Assessments	18.94	30.11	20.40	22.22	35.35	23.91
Partial Assessments	9.14	16.39	9.62	10.66	18.94	11.19
Minor Assessments	–	9.83	9.83	–	10.88	10.88
Special Calls and Emergency Visits	12.89	14.52	12.99	10.16	13.04	10.38
Hospital Care	4.02	5.93	4.43	4.59	6.77	5.06
Psychotherapy	8.11	16.57	10.30	8.99	19.06	11.41
	9.04	**12.26**	**9.47**	**10.25**	**14.23**	**10.77**
Consultations	**22.98**	**34.65**	**33.30**	**26.55**	**40.32**	**38.73**
Laboratory Services	2.32	2.86	2.57	2.52	3.33	2.89
Diagnostic Radiology	–	17.64	17.64	–	22.30	22.30
Other Diagnostic Procedures	9.08	15.71	13.13	8.97	15.02	12.81
	2.97	**6.55**	**4.82**	**3.23**	**7.63**	**5.51**
Major Surgery	91.69	157.97	141.57	97.17	166.81	151.26
Minor Surgery	16.35	22.01	17.15	16.36	22.77	17.30
Obstetrics	100.70	127.60	108.00	103.63	133.60	112.94
Anaesthesia	22.49	24.83	23.87	25.77	28.26	27.26
Surgical Assistance	21.23	21.34	21.24	22.92	22.58	22.87
	29.75	**67.64**	**46.28**	**30.86**	**72.54**	**49.53**
Major Therapeutic Procedures	16.94	19.00	18.69	21.22	20.46	20.56
Minor Therapeutic Procedures	4.43	5.45	4.69	4.87	5.97	5.15
	4.98	**11.20**	**7.28**	**5.48**	**12.44**	**8.06**
Refractions by Physicians	**14.98**	**17.52**	**16.59**	**17.18**	**20.15**	**18.98**
All Physician Services	**8.61**	**15.07**	**10.46**	**9.58**	**17.02**	**11.71**
Refractions by Optometrists	–	–	**20.89**	–	–	**22.90**
Chiropractic Visit Services	–	–	7.10	–	–	7.92
Chiropractic X-Ray Services	–	–	18.58	–	–	21.23
All Chiropractor Services	–	–	**7.36**	–	–	**8.18**
All Services	**8.61**	**15.07**	**10.46**	**9.58**	**17.02**	**11.69**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 12
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1980-81	1981-82	1980-81	1981-82
Complete Assessments	4.31	4.43	8.41	9.06
Partial Assessments	30.83	32.08	28.36	30.69
Minor Assessments	1.22	1.24	1.14	1.15
Special Calls and Emergency Visits	4.25	3.88	5.28	3.45
Hospital Care	13.76	12.56	5.84	5.43
Psychotherapy	2.30	2.37	2.27	2.31
	56.67	**56.56**	**51.30**	**52.09**
Consultations	**2.46**	**2.46**	**7.81**	**8.16**
Laboratory Services	21.57	21.41	5.31	5.30
Diagnostic Radiology	1.76	1.66	2.97	3.16
Other Diagnostic Procedures	3.11	3.87	3.90	4.24
	26.44	**26.94**	**12.18**	**12.70**
Major Surgery	0.75	0.73	10.13	9.41
Minor Surgery	1.13	1.11	1.86	1.64
Obstetrics	0.20	0.19	2.02	1.83
Anaesthesia	1.73	1.70	3.95	3.97
Surgical Assistance	0.46	0.46	0.94	0.91
	4.27	**4.19**	**18.90**	**17.76**
Major Therapeutic Procedures	0.40	0.42	0.71	0.74
Minor Therapeutic Procedures	1.76	1.81	0.79	0.80
	2.16	**2.23**	**1.50**	**1.54**
Refractions by Physicians	**0.47**	**0.40**	**0.75**	**0.65**
All Physician Services	**92.47**	**92.78**	**92.44**	**92.90**
Refractions by Optometrists	**1.76**	**1.63**	**3.50**	**3.19**
Chiropractic Visit Services	5.64	5.48	3.83	3.71
Chiropractic X-Ray Services	0.13	0.11	0.23	0.20
All Chiropractor Services	**5.77**	**5.59**	**4.06**	**3.91**
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 13
Resident Physician Services by Type of Service and Type of Practitioner

Type of Service (000's) \ Type of Practitioner	Family Practitioners	Paediatricians	Internists	Neurologists	Psychiatrists	Dermatologists	Physiatrists and Medical Geneticists	General Surgeons	Thoracic Surgeons
Visits									
Consultations	28.9	19.0	44.8	11.1	3.3	4.5	1.9	30.4	2.6
Special Eye Examination	16.1	–	–	–	–	–	–	–	–
Complete Examination	393.8	27.4	26.0	1.8	6.3	0.3	0.4	19.4	0.6
Partial Examination	3,042.9	50.4	34.5	1.8	5.6	2.2	1.9	39.2	1.0
Well Baby Care	34.0	2.2	–	–	–	–	–	–	–
Other Office Visits	0.4	0.8	–	–	–	–	0.9	–	–
Hospital									
Newborn, Premature	14.7	7.6	–	–	–	–	–	0.1	–
Other	1,002.0	38.2	142.7	8.7	17.1	1.4	–	37.3	2.3
Special Calls and Emergency	354.9	8.3	6.7	0.4	0.5	–	–	4.8	–
Psychotherapy									
Base Time[1]	100.7	1.4	0.1	–	42.3	–	–	0.1	–
Additional Time	84.8	0.5	0.1	–	18.5	–	–	0.1	–
Major Surgery	11.6	0.1	0.3	–	–	–	–	14.0	2.5
Minor Surgery	103.9	1.1	0.1	–	–	2.4	–	7.0	–
Surgical Assistance									
Base Time[1]	17.3	–	–	–	–	–	–	1.4	0.2
Additional Time	22.1	–	–	–	–	–	–	2.0	1.4
Obstetrics	13.5	–	–	–	–	–	–	0.1	–
Anaesthesia									
Base Time[1]	36.8	–	–	–	–	–	–	0.1	–
Additional Time	36.0	–	–	–	–	–	–	–	–
Diagnostic and Therapeutic Services	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	1,069.1	13.3	15.5	–	–	0.8	–	17.1	–
Laboratory Tracings	22.1	–	1.6	–	–	–	–	0.4	–
Other Diagnostic and Therapeutic Services	254.5	32.7	114.8	6.5	4.1	5.5	0.2	10.8	1.5
Special Diagnostic and Therapeutic Services	130.8	–	0.3	–	–	–	–	0.8	–
Miscellaneous Services	10.0	1.0	0.8	–	0.1	–	–	0.2	–
Total Services	**6,800.9**	**204.0**	**388.3**	**30.3**	**97.8**	**17.1**	**5.3**	**185.3**	**12.1**

[1] Represents the number of instances these types of services were provided during the year.

Note: Services are grouped using a common national grouping.

Table 13 (Continued)

Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Uro-logical Surgeons	Obstetri-cians and Gynaeco-logists	Ophthal-mologists	Otolaryn-gologists	Ophthal-mologists and Otolaryn-gologists	Anaes-thetists	Pathol-ogists	Diagnostic Radiolo-gists	Total Services
24.8	4.7	3.4	9.0	25.1	15.0	19.5	1.2	0.5	–	–	249.7
–	–	–	–	–	19.2	–	5.0	–	–	–	40.3
10.0	1.2	1.0	2.3	20.6	19.1	10.7	1.4	–	–	–	542.3
12.8	1.7	1.3	3.5	32.4	27.3	13.6	1.4	–	–	–	3,273.5
–	–	–	–	–	–	–	–	–	–	–	36.2
–	–	–	–	0.1	–	–	–	–	–	–	2.2
–	–	–	–	0.1	–	–	–	–	–	–	22.5
7.8	1.2	7.2	2.3	6.9	1.1	1.5	–	10.2	–	–	1,287.9
0.9	0.1	0.2	0.1	2.2	1.0	0.3	–	–	–	–	380.4
–	–	–	–	0.2	–	–	–	–	–	–	144.8
–	–	–	–	0.1	–	–	–	–	–	–	104.1
9.4	2.7	1.0	2.7	4.8	3.3	3.7	–	–	–	–	58.1
0.9	2.4	0.1	0.3	0.5	0.6	5.0	–	–	–	–	124.3
0.2	–	–	0.2	0.5	0.2	–	–	–	–	–	20.0
0.5	–	0.2	0.3	0.4	0.1	–	–	–	–	–	27.0
–	–	–	–	6.1	–	–	–	–	–	–	19.7
0.1	–	–	–	–	–	–	–	39.2	–	–	76.2
–	–	–	–	–	–	–	–	63.9	–	–	99.9
–	–	–	–	–	–	–	–	–	–	166.8	166.8
0.7	–	–	7.2	61.3	–	–	–	–	873.0	–	2,058.0
0.1	–	–	–	0.2	–	–	–	–	–	–	24.4
2.2	0.3	0.1	8.2	9.4	15.2	80.7	0.7	2.4	0.9	10.7	561.4
–	–	–	–	20.4	–	–	–	–	–	1.0	153.3
–	–	0.1	–	0.1	–	–	–	0.5	–	–	12.8
70.4	**14.3**	**14.6**	**36.1**	**191.4**	**102.1**	**135.0**	**9.7**	**116.7**	**873.9**	**178.5**	**9,483.8**

Table 14
Patients, Services and Payments for Selected Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1980-81 to 1981-82[1]
		Patients	Payments	Services	
Electrocardiograms, Vectorcardiograms and Echocardiograms	189,844	102.22	1,497.43	191.62	8.45
Allergy Investigation and Hyposensitization Injections	166,515	16.40	783.34	168.07	31.80
Submission of Papanicolau Smear	148,466	260.60[f]	904.82[f]	301.70[f]	2.68
Suturing of Wounds	37,811	29.99	780.41	38.16	3.70
Delivery — Vaginal	15,552	30.69[f]	3,428.53[f]	31.60[f]	1.80
— Caesarean	2,232	4.53[f]	796.50[f]	4.54[f]	8.87
Removal of Warts, Moles, Scars, Keratoses, Papilloma	12,674	10.73	213.23	12.79	2.24
Cysts, Tumors or Granulomata Excision	12,420	10.22	393.67	12.54	−10.43
Sigmoidoscopy	9,766	8.50	147.62	9.86	−3.05
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	8,820	5.85	124.86	8.90	−2.20
Hypnotherapy	8,167	2.07	175.96	8.24	−3.63
Dilatation and Curettage	7,896	15.56[f]	970.64[f]	16.05[f]	−5.53
Artificial Extra Corporeal Haemodialysis	7,760	0.18	207.51	7.83	16.52
Fractures, Open Surgical or Closed Reduction	6,812	5.76	820.58	6.88	−11.79
Cystoscopy	6,540	6.13	284.42	6.60	−2.80
Electroencephalograms or Echoencephalograms	5,251	4.80	101.22	5.30	−1.67
Plantar Wart Excision or Fulguration	4,985	4.30	111.74	5.03	−4.91
Tonsillectomy (With or Without Adenoidectomy)	3,952	3.96	300.48	3.99	7.55
Tubal Ligation	3,343	6.77[f]	985.12[f]	6.79[f]	0.15
Psychological Testing	2,852	2.82	52.10	2.88	−17.00
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,726	2.55	504.63	2.75	5.36
Gall Bladder or Other Biliary Tract Surgery	2,292	2.24	644.15	2.31	1.32
Cardiac Catheterization	1,939	1.01	181.83	1.96	18.07
Appendectomy	1,591	1.60	287.09	1.61	1.90
Therapeutic Abortion	1,569	3.15[f]	244.07[f]	3.19[f]	−1.85
Hysterectomy — Abdominal	1,117	2.26[f]	556.17[f]	2.27[f]	−6.97
— Vaginal	425	0.86[f]	242.04[f]	0.86[f]	−24.56
Cataract Extraction	1,527	1.43	513.71	1.54	5.48
Electroconvulsive Therapy	1,498	0.25	25.25	1.51	−10.12
Prostatectomy (With or Without Vasectomy)	1,411	2.81[m]	853.77[m]	2.83[m]	−3.08
Vasectomy	1,298	2.59[m]	257.21[m]	2.60[m]	−10.03
Genital Prolapse Repair	1,111	2.16[f]	476.56[f]	2.26[f]	−12.74
Septoplasty or Submucous Resection	1,052	1.06	203.98	1.06	11.58
Varicose Veins (Ligation)	611	0.48	85.27	0.62	−1.59
Arthroplasty — Total Hip Replacement	497	0.42	221.17	0.50	2.04
— Total Knee Replacement	112	0.09	44.13	0.11	10.00
Strabismus Operation	445	0.41	83.38	0.45	−2.17
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	392	0.79[f]	121.80[f]	0.80[f]	−6.98
Peptic Ulcer Surgery	379	0.36	133.68	0.38	−2.56
Spinal Disc Excision	324	0.32	133.38	0.33	13.79

[1] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year. This inclusion may affect the percent change calculations for any given procedure.

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Table 15
Patients, Services and Payments for Selected Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	502	175.1	4,925	506
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	388	196.3	4,242	391
Hypertension	401 - 405	299	65.1	3,005	302
Refractive Errors	367	223	213.1	4,951	225
Neuroses	300	207	62.1	2,445	209
Diseases of the Urinary Tract	580 - 599	206	57.0	2,351	208
Bronchitis	466, 490 & 491	202	87.7	2,055	204
Ischaemic Heart Disease	410 - 414	201	26.6	2,572	203
Diabetes Mellitus	250	191	17.5	1,457	193
Arthritis	710 - 716	166	49.2	1,984	167
Otitis Media	381 & 382	158	61.6	1,946	159
Cerebrovascular Disease	430 - 438	144	8.8	833	146
Symptomatic Heart Disease	428 & 429	121	17.0	980	122
Diarrheal Disease	009	107	38.6	1,146	108
Disorders of Menstruation	Z08* & 626	103	73.5[f]	2,463[f]	210[f]
Abdominal Swelling (Abdominal Pain)	Z07*	97	37.8	1,264	98
Eczema	690 - 692	92	54.4	1,007	93
Symptoms — Respiratory System	786	83	35.0	1,055	84
Pneumonia	480 - 486	83	15.2	757	84
Anaemias	280 - 285	80	16.3	627	81
Asthma	493	76	16.7	865	76
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	72	56.7[f]	1,340[f]	146[f]
Hay Fever	477	70	19.2	860	71
Rheumatisms	729	60	36.1	707	61
Obesity	278	56	21.6	557	57
Influenza	487	52	29.7	539	52
Vertebrogenic Pain Syndrome	724	50	23.9	624	51
Gastritis and Duodenitis	535	42	20.0	461	43
Chronic Sinusitis	473	37	21.6	420	37
Cellulitis and Abscess	681 & 682	35	18.5	381	35
Symptoms — Cardiovascular and Lymphatic System	289, 683 & 785	32	16.1	454	32
Menopausal Symptoms	627	29	21.7[f]	648[f]	58[f]
Symptoms — Genitourinary System	788	28	10.3	371	28
Alcoholic Psychosis and Alcoholism	291 & 303	27	5.0	284	28
Nervousness and Debility	799	22	4.7	226	22
Disorders of Functions of Stomach	536	21	11.9	235	21
Cholecystitis and Cholangitis Without Mention of Calculus	575 & 576	20	5.5	425	20
Myxedema	244	20	6.6	204	20
Ulcer of Duodenum	532	19	6.8	289	19
Varicose Veins of Lower Extremity	454	19	4.5	284	20
Epilepsy	345	17	3.7	180	17
Hypertrophy of Tonsils and Adenoids	474	14	6.5	489	15

[1] Ninth Revision International Classification of Diseases, 1977.

Note: M.C.I.C. records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* M.C.I.C. internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Table 16
Turnover of Physicians

	Family Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1977-78[1]	565		323		888	
		5.3		2.8		4.4
Still Practising in 1978-79[2]	535		314		849	
Practising in 1978-79[1]	616		345		961	
		12.8		5.8		10.3
Still Practising in 1979-80[2]	537		325		862	
Practising in 1979-80[1]	624		347		971	
		10.3		6.6		9.0
Still Practising in 1980-81[2]	560		324		884	
Practising in 1980-81[1]	645		352		997	
		11.0		6.8		9.5
Still Practising in 1981-82[2]	574		328		902	
Practising in 1981-82[1]	682		357		1,039	

[1] Physicians receiving $5,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians receiving $5,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1981-82 was 137, the difference between "Practising" (1,039) and "Still Practising" (902).

Table 17
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1980-81	1981-82	1980-81	1981-82	1980-81	1981-82	1980-81	1981-82	1980-81	1981-82
Family Practitioners[4]	**606**	**671**	**1.6**	**1.5**	**2.0**	**2.0**	**7.1**	**7.0**	**78.5**	**78.9**
Specialists[4]										
Paediatricians	30	32	31.4	31.0	1.6	1.5	5.1	4.5	4.5	4.4
Internists	57	58	16.5	17.1	1.5	1.5	4.3	4.2	7.5	7.4
Neurologists	7	8	134.5	123.8	1.6	1.7	2.4	2.7	1.2	1.3
Psychiatrists	19	19	49.6	52.1	0.5	0.6	3.7	3.8	1.1	1.0
Dermatologists	3	3	313.8	330.2	1.4	1.5	4.0	4.3	0.5	0.5
Anaesthetists	31	33	30.4	30.0	1.1	1.1	1.4	1.5	3.3	3.4
General Surgeons	53	58	17.8	17.1	1.0	1.0	2.4	2.6	5.7	5.6
Thoracic Surgeons	6	7	156.9	141.5	0.7	0.6	1.4	1.3	N.A.	0.4
Orthopaedic Surgeons	22	23	42.8	43.1	1.4	1.4	2.8	2.8	3.2	3.2
Plastic and Reconstructive Surgeons	6	6	156.9	165.1	1.2	1.2	2.1	2.3	0.7	0.7
Neurological Surgeons	6	6	156.9	165.1	0.7	0.7	2.3	2.4	0.4	0.4
Obstetricians and Gynaecologists	26	28	36.2	35.4	1.4	1.5	3.4	3.6	3.5	3.8
Urological Surgeons	12	12	78.5	82.6	1.2	1.2	2.3	1.9	1.3	1.2
Ophthalmologists	17	18	55.4	55.0	3.2	3.1	5.1	4.8	5.7	5.4
Otolaryngologists	9	10	104.6	99.1	2.8	2.7	5.5	5.4	2.4	2.7
Ophthalmologists and Otolaryngologists	2	2	470.8	495.4	3.8	3.6	4.7	4.3	0.9	0.8
Pathologists	4	4	235.4	247.7	28.7	30.1	—	—	11.9	11.9
Diagnostic Radiologists	25	28	37.7	35.4	4.4	4.3	—	—	10.0	10.1
Physiatrists and Medical Geneticists	2	2	470.8	495.4	1.2	1.4	2.2	2.3	0.3	0.3
All Specialists[4]	**337**	**357**	**2.8**	**2.8**	**1.9**	**2.0**	**3.3**	**3.3**	**36.4**	**36.4**
All Physicians[4]	**943**	**1,028**	**1.0**	**1.0**	**2.0**	**2.0**	**5.8**	**5.8**	**82.7**	**82.8**
Registered Physicians[5]	**1,295**	**1,359**	**0.7**	**0.7**	—	—	—	—	—	—
Optometrists[4]	**76**	**82**	**12.9**	**12.1**	**2.0**	**2.0**	**2.0**	**2.0**	**16.2**	**16.4**
Registered Optometrists[5]	**89**	**89**	**11.0**	**11.1**	—	—	—	—	—	—
Chiropractors[4]	**65**	**69**	**15.1**	**14.4**	**1.4**	**1.4**	**7.8**	**7.8**	**8.2**	**8.7**
Registered Chiropractors[5]	**76**	**79**	**12.9**	**12.5**	—	—	—	—	—	—

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

[4] Physicians, in 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and in 1981-82 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Data regarding per cent of beneficiaries treated, however, relates to all resident practitioners regardless of earnings or location.

Data for 1980-81 for thoracic surgeons is not available.

[5] Resident Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year excluding the Swift Current Health Region in 1980-81, but including the Region in 1981-82.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Optometric Association at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 18
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3] Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
Family Practitioners									
Urban:	382	5	37	64	78	79	62	30	27
Association	269	2	19	38	57	58	52	22	21
Solo	113	3	18	26	21	21	10	8	6
Rural:	289	1	23	67	73	69	33	16	7
Association	186	—	3	37	41	59	27	14	5
Solo	103	1	20	30	32	10	6	2	2
All Family Practitioners 1981-82	**671**	**6**	**60**	**131**	**151**	**148**	**95**	**46**	**34**
All Family Practitioners 1980-81	606	8	43	105	142	152	92	42	22
Specialists									
Paediatricians	32	5	5	8	5	6	—	1	2
Internists	58	6	20	8	11	3	5	1	4
Neurologists	8	1	3	1	1	—	—	—	2
Psychiatrists	19	10	5	3	1	—	—	—	—
Dermatologists	3	—	1	—	2	—	—	—	—
Anaesthetists	33	3	9	15	5	1	—	—	—
General Surgeons	58	10	22	18	4	2	2	—	—
Thoracic Surgeons	7	3	3	1	—	—	—	—	—
Orthopaedic Surgeons	23	2	4	7	5	4	—	1	—
Plastic and Reconstructive Surgeons	6	—	2	3	1	—	—	—	—
Neurological Surgeons	6	2	2	2	—	—	—	—	—
Obstetricians and Gynaecologists	28	1	6	7	8	4	1	1	—
Urological Surgeons	12	3	1	5	2	1	—	—	—
Ophthalmologists	18	—	—	2	4	1	—	3	8
Otolaryngologists	10	—	1	1	1	2	3	—	2
Ophthalmologists and Otolaryngologists	2	—	—	—	—	—	1	—	1
Pathologists	4	—	—	—	—	—	—	—	4
Diagnostic Radiologists	28	—	—	3	1	2	1	2	19
Physiatrists and Medical Geneticists	2	—	1	—	—	1	—	—	—
All Specialists 1981-82	**357**	**46**	**85**	**84**	**51**	**27**	**13**	**9**	**42**
All Specialists 1980-81	337	43	82	77	51	21	15	11	37
All Physicians 1981-82	**1,028**	**52**	**145**	**215**	**202**	**175**	**108**	**55**	**76**
All Physicians 1980-81	943	51	125	182	193	173	107	53	59
Optometrists 1981-82	**82**	**—**	**6**	**19**	**27**	**15**	**7**	**4**	**4**
Optometrists 1980-81	76	—	—	18	30	12	10	3	3
Chiropractors 1981-82	**69**	**2**	**19**	**21**	**17**	**5**	**3**	**—**	**2**
Chiropractors 1980-81	65	2	18	19	18	4	1	1	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians, in 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, optometrists, and in 1981-82 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 19
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
Family Practitioners								
Urban:	382	29	78	83	92	52	24	24
Association	269	16	60	63	65	36	14	15
Solo	113	13	18	20	27	16	10	9
Rural:	289	8	37	44	63	57	42	38
Association	186	4	24	31	38	36	30	23
Solo	103	4	13	13	25	21	12	15
All Family Practitioners 1981-82	**671**	**37**	**115**	**127**	**155**	**109**	**66**	**62**
All Family Practitioners 1980-81	606	25	94	125	148	112	56	46
Specialists								
Paediatricians	32	6	12	5	5	3	—	1
Internists	58	18	19	15	5	5	—	1
Neurologists	8	5	1	1	1	—	—	—
Psychiatrists	19	6	4	5	2	2	—	—
Dermatologists	3	—	1	2	—	—	—	—
Anaesthetists	33	28	5	—	—	—	—	—
General Surgeons	58	28	22	6	1	—	—	1
Thoracic Surgeons	7	5	2	—	—	—	—	—
Orthopaedic Surgeons	23	4	17	1	1	—	—	—
Plastic and Reconstructive Surgeons	6	3	3	—	—	—	—	—
Neurological Surgeons	6	2	4	—	—	—	—	—
Obstetricians and Gynaecologists	28	5	14	6	3	—	—	—
Urological Surgeons	12	8	4	—	—	—	—	—
Ophthalmologists	18	2	5	6	3	2	—	—
Otolaryngologists	10	1	1	4	3	—	1	—
Ophthalmologists and Otolaryngologists	2	—	1	1	—	—	—	—
Physiatrists and Medical Geneticists	2	1	1	—	—	—	—	—
All Specialists 1981-82	**325**	**117**	**116**	**52**	**24**	**12**	**1**	**3**
All Specialists 1980-81	308	104	118	44	26	11	2	3
All Physicians 1981-82	**996**	**154**	**231**	**179**	**179**	**121**	**67**	**65**
All Physicians 1980-81	914	129	212	169	174	123	58	49
Optometrists 1981-82	**82**	**52**	**27**	**1**	**2**	—	—	—
Optometrists 1980-81	76	47	26	3	—	—	—	—
Chiropractors 1981-82	**69**	—	**9**	**12**	**19**	**10**	**12**	**7**
Chiropractors 1980-81	65	—	6	14	15	17	7	6

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians, in 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and in 1981-82 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 20
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
Family Practitioners									
Urban:	382	129	52	9	123	11	48	9	1
Association	269	111	40	5	78	3	27	4	1
Solo	113	18	12	4	45	8	21	5	–
Rural:	289	59	45	2	110	3	53	15	2
Association	186	54	33	–	59	–	32	7	1
Solo	103	5	12	2	51	3	21	8	1
All Family Practitioners 1981-82	**671**	**188**	**97**	**11**	**233**	**14**	**101**	**24**	**3**
All Family Practitioners 1980-81	606	164	95	9	218	13	89	17	1
Specialists									
Paediatricians	32	2	11	2	7	–	10	–	–
Internists	58	14	22	3	7	1	8	3	–
Neurologists	8	1	1	1	2	–	3	–	–
Psychiatrists	19	4	8	–	2	1	4	–	–
Dermatologists	3	–	2	–	1	–	–	–	–
Anaesthetists	33	11	4	–	12	2	4	–	–
General Surgeons	58	7	23	1	11	1	14	1	–
Thoracic Surgeons	7	–	2	2	1	–	2	–	–
Orthopaedic Surgeons	23	6	5	1	8	1	2	–	–
Plastic and Reconstructive Surgeons	6	1	2	–	1	1	1	–	–
Neurological Surgeons	6	1	2	–	1	–	2	–	–
Obstetricians and Gynaecologists	28	6	5	1	8	1	4	3	–
Urological Surgeons	12	2	9	–	–	–	1	–	–
Ophthalmologists	18	5	6	1	5	1	–	–	–
Otolaryngologists	10	4	1	–	2	1	2	–	–
Ophthalmologists and Otolaryngologists	2	–	2	–	–	–	–	–	–
Pathologists	4	–	1	–	2	–	1	–	–
Diagnostic Radiologists	28	8	9	–	4	2	4	1	–
Physiatrists and Medical Geneticists	2	–	–	–	1	–	–	1	–
All Specialists 1981-82	**357**	**72**	**115**	**12**	**75**	**12**	**62**	**9**	**–**
All Specialists 1980-81	337	64	112	12	73	12	57	7	–
All Physicians 1981-82	**1,028**	**260**	**212**	**23**	**308**	**26**	**163**	**33**	**3**
All Physicians 1980-81	943	228	207	21	291	25	146	24	1
Optometrists 1981-82	**82**	**–**	**79**	**3**	**–**	**–**	**–**	**–**	**–**
Optometrists 1980-81	76	–	73	3	–	–	–	–	–
Chiropractors 1981-82	**69**	**–**	**64**	**5**	**–**	**–**	**–**	**–**	**–**
Chiropractors 1980-81	65	–	59	6	–	–	–	–	–

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians, in 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and in 1981-82 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 21
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
Family Practitioners						
Urban:	382	111	108	82	63	18
Association	269	97	72	51	39	10
Solo	113	14	36	31	24	8
Rural:	289	80	80	81	37	11
Association	186	65	46	50	21	4
Solo	103	15	34	31	16	7
All Family Practitioners 1981-82	**671**	**191**	**188**	**163**	**100**	**29**
All Family Practitioners 1980-81	606	168	169	149	91	29
Specialists						
Paediatricians	32	2	11	10	3	6
Internists	58	7	26	16	6	3
Neurologists	8	–	3	5	–	–
Psychiatrists	19	2	5	9	3	–
Dermatologists	3	–	–	1	2	–
Anaesthetists	33	4	8	11	7	3
General Surgeons	58	–	15	23	16	4
Thoracic Surgeons	7	1	2	3	1	–
Orthopaedic Surgeons	23	5	6	6	4	2
Plastic and Reconstructive Surgeons	6	–	2	3	1	–
Neurological Surgeons	6	–	–	3	3	–
Obstetricians and Gynaecologists	28	3	9	7	9	–
Urological Surgeons	12	2	5	2	2	1
Ophthalmologists	18	1	6	5	4	2
Otolaryngologists	10	–	5	4	1	–
Ophthalmologists and Otolaryngologists	2	–	–	–	–	2
Pathologists	4	–	1	2	1	–
Diagnostic Radiologists	28	5	9	8	4	2
Physiatrists and Medical Geneticists	2	–	1	–	1	–
All Specialists 1981-82	**357**	**32**	**114**	**118**	**68**	**25**
All Specialists 1980-81	337	29	108	115	65	20
All Physicians 1981-82	**1,028**	**223**	**302**	**281**	**168**	**54**
All Physicians 1980-81	943	197	277	264	156	49
Optometrists 1981-82	**82**	**24**	**19**	**16**	**23**	**–**
Optometrists 1980-81	76	22	17	15	22	–
Chiropractors 1981-82	**69**	**31**	**12**	**16**	**8**	**2**
Chiropractors 1980-81	65	25	16	16	6	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians, in 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and in 1981-82 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22
Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		Family Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	103.4	1,028	85.7	269	100.3	186	96.3	113
Highest Paid	1,631.3		200.6		201.4		231.0	
Less than $10,000	3.2	79	4.4	17	2.2	9	2.1	27
$10,000 - $19,999	14.4	38	15.3	8	15.2	6	13.5	7
$20,000 - $29,999	25.5	46	25.6	13	25.7	7	25.6	9
$30,000 - $39,999	35.5	65	34.9	22	36.6	9	33.2	7
$40,000 - $49,999	45.5	71	45.6	21	46.7	8	44.7	8
$50,000 - $59,999	55.0	67	54.7	28	55.6	11	56.0	6
$60,000 - $69,999	64.6	81	65.2	23	64.6	16	63.7	6
$70,000 - $79,999	75.3	54	75.7	18	75.1	10	74.2	6
$80,000 - $89,999	85.1	78	86.0	25	84.6	12	84.8	8
$90,000 - $99,999	94.8	88	95.3	21	94.8	22	96.0	11
Over $100,000	149.9	478	127.2	98	134.9	91	137.9	52
Total	**93.5**	**1,145**	**79.1**	**294**	**93.4**	**201**	**75.1**	**147**

	Neurologists		Psychiatrists		Anaesthetists		General Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	103.3	8	99.5	19	93.6	33	98.2	58
Highest Paid	277.2		242.2		171.5		245.5	
Less than $10,000	–	–	0.1	1	–	–	8.2	1
$10,000 - $19,999	18.9	1	13.0	4	19.1	1	–	–
$20,000 - $29,999	24.8	1	25.2	2	–	–	23.3	1
$30,000 - $39,999	34.6	2	36.0	3	–	–	36.0	2
$40,000 - $49,999	49.5	1	43.1	1	45.6	4	42.6	4
$50,000 - $59,999	–	–	58.8	1	–	–	54.7	3
$60,000 - $69,999	–	–	60.6	2	63.8	4	65.2	6
$70,000 - $79,999	–	–	–	–	74.7	1	77.8	2
$80,000 - $89,999	89.8	1	82.8	2	83.7	4	82.8	7
$90,000 - $99,999	–	–	–	–	95.2	4	93.1	6
Over $100,000	197.7	3	167.9	8	116.3	16	132.7	27
Total	**93.9**	**9**	**80.9**	**24**	**91.4**	**34**	**96.7**	**59**

	Urological Surgeons		Ophthalmologists		Otolaryngologists		Ophthalmologists and Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	105.9	12	132.4	18	205.6	10	94.9	2
Highest Paid	180.7		255.5		398.7		122.4	
Less than $10,000	–	–	5.3	1	–	–	0.1	1
$10,000 - $19,999	–	–	–	–	–	–	10.6	1
$20,000 - $29,999	–	–	–	–	–	–	–	–
$30,000 - $39,999	30.9	1	37.9	1	39.4	1	–	–
$40,000 - $49,999	42.1	1	43.9	2	–	–	–	–
$50,000 - $59,999	52.7	1	–	–	–	–	–	–
$60,000 - $69,999	–	–	60.1	1	–	–	67.5	1
$70,000 - $79,999	75.2	1	72.5	1	72.3	1	–	–
$80,000 - $89,999	–	–	–	–	–	–	–	–
$90,000 - $99,999	–	–	–	–	–	–	–	–
Over $100,000	133.8	8	163.4	13	243.0	8	122.4	1
Total	**105.9**	**12**	**125.7**	**19**	**205.6**	**10**	**50.1**	**4**

1 Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

2 Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

3 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

4 Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22 (Continued)

Type of Practitioner[3]									
		All Family Practitioners		All Specialists					
Rural Solo						Paediatricians		Internists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
95.6	103	93.1	671	122.8	357	99.5	32	112.3	58
253.0		253.0		1,631.3		343.2		312.7	
4.6	10	3.1	63	3.4	16	4.9	6	2.4	2
13.3	4	14.5	25	14.3	13	13.6	3	13.3	2
26.2	7	25.7	36	24.6	10	23.0	4	27.7	2
37.2	7	35.3	45	36.1	20	38.0	1	36.6	4
46.7	3	45.7	40	45.3	31	48.2	2	44.5	7
56.4	5	55.2	50	54.6	17	50.3	2	55.7	7
65.1	12	64.9	57	63.8	24	63.7	4	65.1	4
77.0	6	75.5	40	74.8	14	75.0	3	70.5	1
85.5	10	85.4	55	84.3	23	86.7	3	84.9	1
93.7	11	95.0	65	94.2	23	97.1	1	94.4	4
139.5	42	133.5	283	173.7	195	168.5	12	172.1	28
85.0	**117**	**83.0**	**759**	**114.2**	**386**	**79.4**	**41**	**105.6**	**62**

Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons		Obstetricians and Gynaecologists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
132.2	7	128.9	23	127.1	6	92.5	6	139.7	28
196.1		335.8		164.1		152.6		309.2	
3.8	1	–	–	0.1	1	–	–	–	–
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
–	–	34.8	2	–	–	33.9	1	–	–
48.0	1	47.8	2	–	–	47.7	1	47.0	3
–	–	–	–	–	–	–	–	55.7	2
61.8	1	–	–	–	–	–	–	60.2	1
–	–	78.3	1	–	–	–	–	79.9	1
–	–	84.4	1	–	–	87.8	1	88.3	1
93.6	1	94.5	3	94.2	1	94.5	1	–	–
180.5	4	168.1	14	133.7	5	145.6	2	171.6	20
116.1	**8**	**128.9**	**23**	**108.9**	**7**	**92.5**	**6**	**139.7**	**28**

Pathologists		Diagnostic Radiologists		Dermatologists, Physiatrists and Medical Geneticists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
743.8	4	151.0	28	84.5	5	45.6	82	65.3	69
1,631.3		316.3		128.1		163.5		130.0	
–	–	0.8	1	2.6	1	3.7	3	4.7	4
–	–	17.5	1	–	–	12.5	3	15.6	6
–	–	–	–	–	–	24.4	16	27.2	8
–	–	36.1	1	39.9	1	34.9	23	37.1	4
–	–	44.0	2	–	–	44.8	20	45.6	11
–	–	50.9	1	–	–	53.6	10	54.3	7
–	–	–	–	–	–	64.5	6	64.0	13
–	–	71.8	2	–	–	74.6	3	76.2	7
–	–	–	–	81.5	2	82.5	1	84.2	4
–	–	95.0	1	91.6	1	–	–	92.4	6
743.8	4	181.6	21	128.1	1	141.0	3	111.5	9
743.8	**4**	**141.5**	**30**	**70.9**	**6**	**43.1**	**88**	**58.5**	**79**

Table 23
Average Payment Per Practitioner by Specialty, 1976-77 to 1981-82

Type of Practitioner[1]	Average Payment[2] (000's) 1976-77	1977-78	1978-79	1979-80	1980-81	1981-82	Average Annual Per Cent Change 1976-77 to 1981-82
Family Practitioners							
Urban:	58.1	59.8	61.0	70.6	77.5	85.9	8.88
Association	58.2	60.0	59.4	69.0	73.8	85.7	8.05
Solo	57.8	59.4	64.9	74.9	87.8	86.3	10.75
Rural:	62.4	63.2	66.8	75.5	87.6	98.6	9.58
Association	63.4	63.9	67.8	76.0	88.9	100.3	9.61
Solo	59.8	61.8	64.6	74.4	85.1	95.6	9.84
All Family Practitioners	**60.2**	**61.5**	**63.7**	**72.8**	**82.0**	**93.1**	**9.11**
Specialists							
Paediatricians	70.3	76.6	78.9	84.5	90.8	99.5	7.19
Internists	68.9	70.4	73.7	79.6	92.0	112.3	10.26
Neurologists	89.1	87.0	62.5	67.0	76.7	103.3	3.00
Psychiatrists	63.0	64.8	71.6	76.0	82.3	99.5	9.57
Dermatologists	74.4	63.5	71.7	68.1	72.2	84.9	2.68
Anaesthetists	54.3	64.5	66.3	74.9	78.2	93.6	11.51
General Surgeons	62.3	63.4	61.6	73.4	85.2	98.2	9.53
Thoracic Surgeons	82.6	108.1	96.3	114.3	123.1	132.2	9.86
Orthopaedic Surgeons	86.7	94.4	100.2	107.1	117.4	128.9	8.25
Plastic and Reconstructive Surgeons	76.9	89.3	87.7	85.9	112.9	127.1	10.57
Neurological Surgeons	62.1	70.7	76.5	79.1	81.3	92.5	8.30
Obstetricians and Gynaecologists	89.9	86.8	88.8	97.7	118.5	139.7	9.22
Urological Surgeons	71.1	78.9	74.6	85.4	96.5	105.9	8.29
Ophthalmologists	81.1	87.7	91.8	103.9	120.1	132.4	10.30
Otolaryngologists	93.8	128.2	125.8	160.6	178.8	205.6	16.99
Ophthalmologists and Otolaryngologists	62.3	62.2	58.2	55.4	89.7	94.9	8.78
Pathologists	363.2	332.5	424.9	492.0	598.6	743.8	15.41
Diagnostic Radiologists	103.2	114.0	113.4	103.9	122.2	151.0	7.91
Physiatrists and Medical Geneticists	51.3	59.6	61.2	58.0	67.0	84.0	10.37
All Specialists	**77.9**	**81.8**	**83.6**	**91.4**	**104.9**	**122.8**	**9.53**
All Physicians	**66.6**	**68.7**	**71.0**	**79.6**	**90.2**	**103.4**	**9.20**
Optometrists	**31.0**	**33.9**	**35.5**	**38.7**	**42.6**	**45.6**	**8.02**
Chiropractors	**41.9**	**44.5**	**45.5**	**53.6**	**58.6**	**65.3**	**9.28**

1 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

2 Physicians, in 1976-77 to 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and effective April 1, 1981 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

Table 24
Physician Payments by Specialty Group

	Family Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina[3]	131	89.7	40	150.6	61	140.8	32	161.0
Saskatoon[3]	138	80.5	68	76.9	74	111.7	31	153.4
Moose Jaw	24	97.3	4	121.9	8	96.8	1	*
Prince Albert	38	89.5	4	104.9	8	107.6	1	*
Yorkton	17	108.6	3	147.2	4	155.6	—	—
Swift Current	14	117.1	1	*	6	111.1	—	—
North Battleford	20	93.7	1	*	5	109.4	—	—
All Other Locations	289	98.6	1	*	4	97.3	—	—
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year								
> $10,000	596	95.0	113	94.3	145	116.2	56	150.6
> $20,000	583	96.8	105	100.4	144	117.0	53	158.1
> $30,000	560	99.8	96	107.5	143	117.6	53	158.1
2. Resident Full Year								
> $10,000	633	95.0	129	99.7	167	122.6	60	166.5
> $20,000	619	96.8	120	106.2	166	123.3	59	169.0
> $30,000	596	99.6	111	112.8	165	123.9	59	169.0
3. Resident During Any Portion of the Year								
> $10,000	747	86.4	140	95.6	177	119.4	70	148.7
> $20,000	709	90.3	128	103.3	176	120.0	67	154.5
> $30,000	658	95.3	118	110.0	174	121.1	66	156.5
4. Person-Year Equivalents[4]								
> $10,000	701.9	92.0	135.6	98.7	173.1	122.1	65.8	158.2
> $20,000	677.8	94.5	125.1	105.7	172.1	122.7	64.1	161.5
> $30,000	640.0	98.0	115.6	112.2	170.8	123.4	63.6	162.4
5. Resident at Year End With Payments >$5,000 in Each Quarter of the Year	573	101.9	113	111.3	160	126.5	56	175.4
6. Resident at Year End and Not in Teaching Institutions	637	95.4	76	137.0	142	132.7	54	174.1
C. By Place of Graduation:[2]								
Saskatchewan	188	88.1	21	106.0	32	129.2	19	109.5
Canada, Other Than Saskatchewan	97	83.8	44	76.8	57	118.5	14	225.8
United Kingdom and Eire	233	101.5	20	99.7	37	114.2	18	138.7
Asia	101	90.1	25	153.9	28	127.2	9	220.6
Other Areas	52	96.3	12	116.1	16	127.6	5	113.8
D. By Age Group:[2]								
Under 35	191	80.1	11	71.3	12	103.8	9	79.4
35 - 44	188	101.8	46	111.6	50	124.2	18	149.3
45 - 54	163	104.7	41	119.6	56	132.6	21	166.8
55 - 64	100	91.6	15	93.8	41	123.3	12	247.7
65+	29	61.8	9	68.3	11	70.9	5	82.8

[1] Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.